

# Summary of Benefits 2010

This Summary of Benefits tells you some features of our plans.

---

AARP® MedicareRx Saver (PDP)  
AARP® MedicareRx Preferred (PDP)  
AARP® MedicareRx Enhanced (PDP)

---

January 1, 2010-December 31, 2010

# Section 1

## Introduction to Summary of Benefits

Thank you for your interest in the AARP MedicareRx Plans. Our plans are offered by UnitedHealthcare Insurance Company or UnitedHealthcare Insurance Company of New York for New York residents, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call the AARP MedicareRx Plans and ask for the "Evidence of Coverage."

### **You have choices in your Medicare Prescription Drug Coverage.**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like the AARP MedicareRx Plans. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

### **How can I compare my options?**

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by the AARP MedicareRx Plans to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

### **Where are the AARP MedicareRx Plans available?**

The service area for these plans includes:

Alabama, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wyoming. U.S. territories: Puerto Rico.

You must live in one of these areas to join these plans. If you move out of the state or county where you currently live to a state listed above, you must call Customer Service to update your information. If you don't, you may be disenrolled from your plan. If you move to a state not listed above, please call Customer Service to find out if UnitedHealthcare has a plan in your new state or county.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

### **Who is eligible to join?**

You can join these plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

You cannot enroll in the AARP MedicareRx Enhanced (PDP) plan if your current or former employer or union (or your spouse's current or former employer or union) helps pay for your drugs.

### **Does my plan cover Medicare Part B or Part D drugs?**

The AARP MedicareRx Plans do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

### **Where can I get my prescriptions?**

The AARP MedicareRx Plans have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The AARP MedicareRx Plans have a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at [www.AARPMedicareRx.com](http://www.AARPMedicareRx.com). Our Customer Service number is listed at the end of this introduction.

### **What is a Prescription Drug Formulary?**

The AARP MedicareRx Plans use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.AARPMedicareRx.com](http://www.AARPMedicareRx.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or

limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **What should I do if I have other insurance in addition to Medicare?**

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join the AARP MedicareRx Plans. Get this information before you decide to enroll in these plans.

### **How can I get extra help with my prescription drug plan costs?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join the AARP MedicareRx Plans, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

### **What are my protections in this plan?**

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at

least 60 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

As a member of the AARP MedicareRx Plans, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. A list of QIOs in all states and their contact information can be found at the end of this Summary of Benefits.

## **What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact the AARP MedicareRx Plans for more details.

## **Plan Ratings**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you can use the web tools on [www.medicare.gov](http://www.medicare.gov) and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-888-867-5575 to obtain a copy of the plan ratings for these plans. TTY users call 1-877-730-4192.

**Please call UnitedHealthcare for more information about the AARP MedicareRx Plans.**

Visit us at [www.AARPMedicareRx.com](http://www.AARPMedicareRx.com) or, call us:

Customer Service hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours Eastern

Current members should call toll-free:

 **1-888-867-5575 TTY/TDD 1-877-730-4192**

Prospective members should call toll-free:

 **1-888-867-5564 TTY/TDD 1-877-730-4192**

Current members should call locally:

 **1-888-867-5575 TTY/TDD 1-877-730-4192**

Prospective members should call locally:

 **1-888-867-5564 TTY/TDD 1-877-730-4192**

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**.

TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit [www.Medicare.gov](http://www.Medicare.gov) on the Web.

If you have special needs, this document may be available in other formats.

If you have any questions about these plans' benefits or costs, please contact UnitedHealthcare for details.

# Section 2

## Summary of Benefits

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<p><b>Prescription Drugs</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part D General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.AARPMedicareRx.com">www.AARPMedicareRx.com</a> on the Web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long-term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$23.50-\$42.80 monthly plan premium. Please refer to the Premium Table after this section to find out the premium in your area.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>	<p><b>Drugs covered under Medicare Part D General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.AARPMedicareRx.com">www.AARPMedicareRx.com</a> on the Web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long-term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$33.70-\$45.50 monthly plan premium. Please refer to the Premium Table after this section to find out the premium in your area.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>	<p><b>Drugs covered under Medicare Part D General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.AARPMedicareRx.com">www.AARPMedicareRx.com</a> on the Web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long-term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$72.50-\$86.60 monthly plan premium. Please refer to the Premium Table after this section to find out the premium in your area.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Prescription Drugs (continued)</b>		<p><b>Drugs covered under Medicare Part D General (continued)</b></p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AARP MedicareRx Saver (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AARP MedicareRx Saver (PDP) approves the exception, you will pay Tier 3 Non-Preferred Generic Non-Preferred Brand cost-sharing for that drug.</p>	<p><b>Drugs covered under Medicare Part D General (continued)</b></p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AARP MedicareRx Preferred (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AARP MedicareRx Preferred (PDP) approves the exception, you will pay Tier 3 Non-Preferred Generic Non-Preferred Brand cost-sharing for that drug.</p>	<p><b>Drugs covered under Medicare Part D General (continued)</b></p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AARP MedicareRx Enhanced (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AARP MedicareRx Enhanced (PDP) approves the exception, you will pay Tier 3 Non-Preferred Generic Non-Preferred Brand cost-sharing for that drug.</p>

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Prescription Drugs (continued)</b>		<b>In-Network</b> \$310 yearly deductible.	<b>In-Network</b> \$0 deductible.	<b>In-Network</b> \$0 deductible.
		<b>Initial Coverage</b> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:	<b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830:	<b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830:
		<b>Retail Pharmacy</b> <b>Tier 1 Preferred Generic Brand</b> <ul style="list-style-type: none"> <li>• \$6 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$18 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <b>Tier 2 Generic Preferred Brand</b> <ul style="list-style-type: none"> <li>• \$25 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$75 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <b>Tier 3 Non-Preferred Generic Non-Preferred Brand</b> <ul style="list-style-type: none"> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a three-month (90-day) supply of drugs in this tier.</li> </ul>	<b>Retail Pharmacy</b> <b>Tier 1 Preferred Generic Brand</b> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$21 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <b>Tier 2 Generic Preferred Brand</b> <ul style="list-style-type: none"> <li>• \$42 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$126 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <b>Tier 3 Non-Preferred Generic Non-Preferred Brand</b> <ul style="list-style-type: none"> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a three-month (90-day) supply of drugs in this tier.</li> </ul>	<b>Retail Pharmacy</b> <b>Tier 1 Preferred Generic Brand</b> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$21 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <b>Tier 2 Generic Preferred Brand</b> <ul style="list-style-type: none"> <li>• \$42 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$126 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <b>Tier 3 Non-Preferred Generic Non-Preferred Brand</b> <ul style="list-style-type: none"> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a three-month (90-day) supply of drugs in this tier.</li> </ul>

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Prescription Drugs (continued)</b>		<p><b>Retail Pharmacy</b> (continued)</p> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier.</li> </ul>	<p><b>Retail Pharmacy</b> (continued)</p> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> <li>• 33% coinsurance for a three-month (90-day) supply of drugs in this tier.</li> </ul>	<p><b>Retail Pharmacy</b> (continued)</p> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> <li>• 33% coinsurance for a three-month (90-day) supply of drugs in this tier.</li> </ul>
		<p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$6 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$25 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul>	<p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$42 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul>	<p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$42 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul>

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Prescription Drugs (continued)</b>		<p><b>Mail Order</b></p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$4 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$18 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$60 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$75 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>	<p><b>Mail Order</b></p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$4 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$111 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$126 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>	<p><b>Mail Order</b></p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$4 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$111 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• \$126 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• Refer to the Tier 3 copay table at the end of this section for copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Prescription Drugs (continued)</b>		<p><b>Mail Order</b> (continued)</p> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>	<p><b>Mail Order</b> (continued)</p> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>	<p><b>Mail Order</b> (continued)</p> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>
		<p><b>Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p><b>Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p><b>Coverage Gap</b></p> <p>The plan covers many generics (65%-99% of formulary generic drugs) AND few brands (less than 10% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p> <p><b>Retail Pharmacy</b></p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$14 copay for a one-month (31-day) supply of all drugs covered in this tier.</li> <li>• \$42 copay for a three-month (90-day) supply of all drugs covered in this tier.</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$14 copay for a one-month (31-day) supply of all drugs covered in this tier.</li> </ul>

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Prescription Drugs (continued)</b>				<p><b>Coverage Gap</b> (continued)</p> <p><b>Mail Order</b></p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$14 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail order pharmacy.</li> <li>• \$42 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>
		<p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>

<b>Benefit</b>	<b>Original Medicare</b>	<b>AARP MedicareRx Saver (PDP)</b>	<b>AARP MedicareRx Preferred (PDP)</b>	<b>AARP MedicareRx Enhanced (PDP)</b>
<b>Prescription Drugs (continued)</b>		<p><b>Out-of-Network</b></p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from AARP MedicareRx Saver (PDP).</p>	<p><b>Out-of-Network</b></p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from AARP MedicareRx Preferred (PDP).</p>	<p><b>Out-of-Network</b></p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from AARP MedicareRx Enhanced (PDP).</p>
		<p><b>Out-of-Network Initial Coverage</b></p> <p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$6 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$25 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul>	<p><b>Out-of-Network Initial Coverage</b></p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$42 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul>	<p><b>Out-of-Network Initial Coverage</b></p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>• \$7 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <ul style="list-style-type: none"> <li>• \$42 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul>

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Prescription Drugs (continued)</b>		<p><b>Out-of-Network Initial Coverage</b> (continued)</p> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>Refer to the Tier 3 copay table at the end of this section for copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>25% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul>	<p><b>Out-of-Network Initial Coverage</b> (continued)</p> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>Refer to the Tier 3 copay table at the end of this section for copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4</b> Specialty</p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul>	<p><b>Out-of-Network Initial Coverage</b> (continued)</p> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>Refer to the Tier 3 copay table at the end of this section for copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4</b> – Specialty</p> <ul style="list-style-type: none"> <li>33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul>
		<p><b>Out-of-Network Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by AARP MedicareRx Saver (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AARP MedicareRx Saver (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p><b>Out-of-Network Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by AARP MedicareRx Preferred (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AARP MedicareRx Preferred (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p><b>Out-of-Network Coverage Gap</b></p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p><b>Tier 1</b> Preferred Generic Brand</p> <ul style="list-style-type: none"> <li>\$14 copay for a one-month (31-day) supply of all drugs covered in this tier.</li> </ul> <p><b>Tier 2</b> Generic Preferred Brand</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by AARP MedicareRx Enhanced (PDP) for out-of-network</p>

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Prescription Drugs (continued)</b>				<p><b>Out-of-Network Coverage Gap</b> (continued)</p> <p>purchases when you are in the coverage gap. However, you should still submit documentation to AARP MedicareRx Enhanced (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 3</b> Non-Preferred Generic Non-Preferred Brand After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by AARP MedicareRx Enhanced (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AARP MedicareRx Enhanced (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 4</b> Specialty After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket</p>

Benefit	Original Medicare	AARP MedicareRx Saver (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Enhanced (PDP)
<b>Prescription Drugs (continued)</b>				<b>Out-of-Network Coverage Gap</b> (continued) drug costs reach \$4,550. You will not be reimbursed by AARP MedicareRx Enhanced (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AARP MedicareRx Enhanced (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
		<b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>

The next few pages will help you find the premium and Tier 3 copays for your state. See page 23 for information on U.S. territories.

# Premium and Tier 3 Copay Table

State	AARP MedicareRx Plans (S5820 S5805 S5921)	Premium	Tier 3 Copay (31-Day Supply)	Tier 3 Copay Retail (90-Day Supply)	Tier 3 Copay Preferred Mail Order (90-Day Supply)	Tier 3 Copay Non-Preferred Mail Order (90-Day Supply)
Alabama	Saver	\$26.50	\$71.50	\$214.50	\$199.50	\$214.50
	Preferred	\$40.90	\$63.25	\$189.75	\$174.75	\$189.75
	Enhanced	\$76.60	\$90.00	\$270.00	\$255.00	\$270.00
Arizona	Saver	\$29.10	\$75.25	\$225.75	\$210.75	\$225.75
	Preferred	\$35.20	\$79.00	\$237.00	\$222.00	\$237.00
	Enhanced	\$82.10	\$90.00	\$270.00	\$255.00	\$270.00
Arkansas	Saver	\$27.10	\$85.00	\$255.00	\$240.00	\$255.00
	Preferred	\$40.60	\$67.00	\$201.00	\$186.00	\$201.00
	Enhanced	\$82.10	\$90.00	\$270.00	\$255.00	\$270.00
California	Saver	\$37.30	\$80.25	\$240.75	\$225.75	\$240.75
	Preferred	\$37.60	\$76.00	\$228.00	\$213.00	\$228.00
	Enhanced	\$86.20	\$90.00	\$270.00	\$255.00	\$270.00
Colorado	Saver	\$35.60	\$86.00	\$258.00	\$243.00	\$258.00
	Preferred	\$41.30	\$81.00	\$243.00	\$228.00	\$243.00
	Enhanced	\$86.60	\$90.00	\$270.00	\$255.00	\$270.00
Delaware	Saver	\$30.00	\$92.50	\$277.50	\$262.50	\$277.50
	Preferred	\$39.60	\$85.00	\$255.00	\$240.00	\$255.00
	Enhanced	\$79.10	\$90.00	\$270.00	\$255.00	\$270.00
District of Columbia	Saver	\$30.00	\$92.50	\$277.50	\$262.50	\$277.50
	Preferred	\$39.60	\$85.00	\$255.00	\$240.00	\$255.00
	Enhanced	\$79.10	\$90.00	\$270.00	\$255.00	\$270.00

<b>State</b>	<b>AARP MedicareRx Plans (S5820 S5805 S5921)</b>	<b>Premium</b>	<b>Tier 3 Copay (3 1-Day Supply)</b>	<b>Tier 3 Copay Retail (90-Day Supply)</b>	<b>Tier 3 Copay Preferred Mail Order (90-Day Supply)</b>	<b>Tier 3 Copay Non-Preferred Mail Order (90-Day Supply)</b>
<b>Florida</b>	Saver	\$34.10	\$82.75	\$248.25	\$233.25	\$248.25
	Preferred	\$35.10	\$68.50	\$205.50	\$190.50	\$205.50
	Enhanced	\$72.50	\$90.00	\$270.00	\$255.00	\$270.00
<b>Georgia</b>	Saver	\$29.20	\$76.50	\$229.50	\$214.50	\$229.50
	Preferred	\$40.70	\$63.75	\$191.25	\$176.25	\$191.25
	Enhanced	\$77.40	\$90.00	\$270.00	\$255.00	\$270.00
<b>Idaho</b>	Saver	\$42.80	\$83.00	\$249.00	\$234.00	\$249.00
	Preferred	\$45.50	\$75.00	\$225.00	\$210.00	\$225.00
	Enhanced	\$82.00	\$90.00	\$270.00	\$255.00	\$270.00
<b>Illinois</b>	Saver	\$29.40	\$65.00	\$195.00	\$180.00	\$195.00
	Preferred	\$37.10	\$73.75	\$221.25	\$206.25	\$221.25
	Enhanced	\$75.30	\$90.00	\$270.00	\$255.00	\$270.00
<b>Indiana</b>	Saver	\$32.80	\$77.25	\$231.75	\$216.75	\$231.75
	Preferred	\$44.50	\$71.00	\$213.00	\$198.00	\$213.00
	Enhanced	\$76.30	\$90.00	\$270.00	\$255.00	\$270.00
<b>Iowa</b>	Saver	\$31.20	\$95.00	\$285.00	\$270.00	\$285.00
	Preferred	\$43.30	\$69.00	\$207.00	\$192.00	\$207.00
	Enhanced	\$76.50	\$90.00	\$270.00	\$255.00	\$270.00
<b>Kansas</b>	Saver	\$32.30	\$81.75	\$245.25	\$230.25	\$245.25
	Preferred	\$41.20	\$67.00	\$201.00	\$186.00	\$201.00
	Enhanced	\$82.40	\$90.00	\$270.00	\$255.00	\$270.00

<b>State</b>	<b>AARP MedicareRx Plans (S5820 S5805 S5921)</b>	<b>Premium</b>	<b>Tier 3 Copay (3 1-Day Supply)</b>	<b>Tier 3 Copay Retail (90-Day Supply)</b>	<b>Tier 3 Copay Preferred Mail Order (90-Day Supply)</b>	<b>Tier 3 Copay Non-Preferred Mail Order (90-Day Supply)</b>
<b>Kentucky</b>	Saver	\$32.80	\$77.25	\$231.75	\$216.75	\$231.75
	Preferred	\$44.50	\$71.00	\$213.00	\$198.00	\$213.00
	Enhanced	\$76.30	\$90.00	\$270.00	\$255.00	\$270.00
<b>Louisiana</b>	Saver	\$37.40	\$70.50	\$211.50	\$196.50	\$211.50
	Preferred	\$40.10	\$54.50	\$163.50	\$148.50	\$163.50
	Enhanced	\$84.10	\$90.00	\$270.00	\$255.00	\$270.00
<b>Maryland</b>	Saver	\$30.00	\$92.50	\$277.50	\$262.50	\$277.50
	Preferred	\$39.60	\$85.00	\$255.00	\$240.00	\$255.00
	Enhanced	\$79.10	\$90.00	\$270.00	\$255.00	\$270.00
<b>Minnesota</b>	Saver	\$31.20	\$95.00	\$285.00	\$270.00	\$285.00
	Preferred	\$43.30	\$69.00	\$207.00	\$192.00	\$207.00
	Enhanced	\$76.50	\$90.00	\$270.00	\$255.00	\$270.00
<b>Mississippi</b>	Saver	\$30.20	\$71.75	\$215.25	\$200.25	\$215.25
	Preferred	\$42.00	\$62.75	\$188.25	\$173.25	\$188.25
	Enhanced	\$75.50	\$90.00	\$270.00	\$255.00	\$270.00
<b>Missouri</b>	Saver	\$38.80	\$81.00	\$243.00	\$228.00	\$243.00
	Preferred	\$40.40	\$76.00	\$228.00	\$213.00	\$228.00
	Enhanced	\$73.90	\$90.00	\$270.00	\$255.00	\$270.00
<b>Montana</b>	Saver	\$31.20	\$95.00	\$285.00	\$270.00	\$285.00
	Preferred	\$43.30	\$69.00	\$207.00	\$192.00	\$207.00
	Enhanced	\$76.50	\$90.00	\$270.00	\$255.00	\$270.00

<b>State</b>	<b>AARP MedicareRx Plans (S5820 S5805 S5921)</b>	<b>Premium</b>	<b>Tier 3 Copay (31-Day Supply)</b>	<b>Tier 3 Copay Retail (90-Day Supply)</b>	<b>Tier 3 Copay Preferred Mail Order (90-Day Supply)</b>	<b>Tier 3 Copay Non-Preferred Mail Order (90-Day Supply)</b>
<b>Nebraska</b>	Saver	\$31.20	\$95.00	\$285.00	\$270.00	\$285.00
	Preferred	\$43.30	\$69.00	\$207.00	\$192.00	\$207.00
	Enhanced	\$76.50	\$90.00	\$270.00	\$255.00	\$270.00
<b>Nevada</b>	Saver	\$35.80	\$84.75	\$254.25	\$239.25	\$254.25
	Preferred	\$36.80	\$82.00	\$246.00	\$231.00	\$246.00
	Enhanced	\$81.70	\$90.00	\$270.00	\$255.00	\$270.00
<b>New Jersey</b>	Saver	\$28.10	\$82.75	\$248.25	\$233.25	\$248.25
	Preferred	\$39.40	\$77.00	\$231.00	\$216.00	\$231.00
	Enhanced	\$81.30	\$90.00	\$270.00	\$255.00	\$270.00
<b>New Mexico</b>	Saver	\$27.40	\$72.00	\$216.00	\$201.00	\$216.00
	Preferred	\$33.70	\$77.00	\$231.00	\$216.00	\$231.00
	Enhanced	\$80.10	\$90.00	\$270.00	\$255.00	\$270.00
<b>New York</b>	Saver	\$36.40	\$93.00	\$279.00	\$264.00	\$279.00
	Preferred	\$37.40	\$71.25	\$213.75	\$198.75	\$213.75
	Enhanced	\$80.10	\$90.00	\$270.00	\$255.00	\$270.00
<b>North Carolina</b>	Saver	\$31.50	\$83.00	\$249.00	\$234.00	\$249.00
	Preferred	\$42.50	\$69.25	\$207.75	\$192.75	\$207.75
	Enhanced	\$79.40	\$90.00	\$270.00	\$255.00	\$270.00
<b>North Dakota</b>	Saver	\$31.20	\$95.00	\$285.00	\$270.00	\$285.00
	Preferred	\$43.30	\$69.00	\$207.00	\$192.00	\$207.00
	Enhanced	\$76.50	\$90.00	\$270.00	\$255.00	\$270.00

<b>State</b>	<b>AARP MedicareRx Plans (S5820 S5805 S5921)</b>	<b>Premium</b>	<b>Tier 3 Copay (31-Day Supply)</b>	<b>Tier 3 Copay Retail (90-Day Supply)</b>	<b>Tier 3 Copay Preferred Mail Order (90-Day Supply)</b>	<b>Tier 3 Copay Non-Preferred Mail Order (90-Day Supply)</b>
<b>Ohio</b>	Saver	\$26.00	\$81.75	\$245.25	\$230.25	\$245.25
	Preferred	\$40.80	\$79.50	\$238.50	\$223.50	\$238.50
	Enhanced	\$78.00	\$90.00	\$270.00	\$255.00	\$270.00
<b>Oklahoma</b>	Saver	\$34.10	\$77.00	\$231.00	\$216.00	\$231.00
	Preferred	\$43.10	\$66.25	\$198.75	\$183.75	\$198.75
	Enhanced	\$81.90	\$90.00	\$270.00	\$255.00	\$270.00
<b>Oregon</b>	Saver	\$29.80	\$78.50	\$235.50	\$220.50	\$235.50
	Preferred	\$40.80	\$73.00	\$219.00	\$204.00	\$219.00
	Enhanced	\$83.90	\$90.00	\$270.00	\$255.00	\$270.00
<b>Pennsylvania</b>	Saver	\$27.10	\$82.75	\$248.25	\$233.25	\$248.25
	Preferred	\$37.40	\$90.00	\$270.00	\$255.00	\$270.00
	Enhanced	\$81.10	\$90.00	\$270.00	\$255.00	\$270.00
<b>South Carolina</b>	Saver	\$30.10	\$76.50	\$229.50	\$214.50	\$229.50
	Preferred	\$42.60	\$72.75	\$218.25	\$203.25	\$218.25
	Enhanced	\$79.10	\$90.00	\$270.00	\$255.00	\$270.00
<b>South Dakota</b>	Saver	\$31.20	\$95.00	\$285.00	\$270.00	\$285.00
	Preferred	\$43.30	\$69.00	\$207.00	\$192.00	\$207.00
	Enhanced	\$76.50	\$90.00	\$270.00	\$255.00	\$270.00
<b>Tennessee</b>	Saver	\$26.50	\$71.50	\$214.50	\$199.50	\$214.50
	Preferred	\$40.90	\$63.25	\$189.75	\$174.75	\$189.75
	Enhanced	\$76.60	\$90.00	\$270.00	\$255.00	\$270.00

<b>State</b>	<b>AARP MedicareRx Plans (S5820 S5805 S5921)</b>	<b>Premium</b>	<b>Tier 3 Copay (3 1-Day Supply)</b>	<b>Tier 3 Copay Retail (90-Day Supply)</b>	<b>Tier 3 Copay Preferred Mail Order (90-Day Supply)</b>	<b>Tier 3 Copay Non-Preferred Mail Order (90-Day Supply)</b>
<b>Texas</b>	Saver	\$23.50	\$80.00	\$240.00	\$225.00	\$240.00
	Preferred	\$41.00	\$64.00	\$192.00	\$177.00	\$192.00
	Enhanced	\$76.20	\$90.00	\$270.00	\$255.00	\$270.00
<b>Utah</b>	Saver	\$42.80	\$83.00	\$249.00	\$234.00	\$249.00
	Preferred	\$45.50	\$75.00	\$225.00	\$210.00	\$225.00
	Enhanced	\$82.00	\$90.00	\$270.00	\$255.00	\$270.00
<b>Virginia</b>	Saver	\$30.40	\$83.00	\$249.00	\$234.00	\$249.00
	Preferred	\$40.80	\$74.50	\$223.50	\$208.50	\$223.50
	Enhanced	\$79.10	\$90.00	\$270.00	\$255.00	\$270.00
<b>Washington</b>	Saver	\$29.80	\$78.50	\$235.50	\$220.25	\$235.50
	Preferred	\$40.80	\$73.00	\$219.00	\$204.00	\$219.00
	Enhanced	\$83.90	\$90.00	\$270.00	\$255.00	\$270.00
<b>West Virginia</b>	Saver	\$27.10	\$82.75	\$248.25	\$233.25	\$248.25
	Preferred	\$37.40	\$90.00	\$270.00	\$255.00	\$270.00
	Enhanced	\$81.10	\$90.00	\$270.00	\$255.00	\$270.00
<b>Wyoming</b>	Saver	\$31.20	\$95.00	\$285.00	\$270.00	\$285.00
	Preferred	\$43.30	\$69.00	\$207.00	\$192.00	\$207.00
	Enhanced	\$76.50	\$90.00	\$270.00	\$255.00	\$270.00

<b>Territory</b>	<b>AARP MedicareRx Plans (S5820 S5805 S5921)</b>	<b>Premium</b>	<b>Tier 3 Copay (31-Day Supply)</b>	<b>Tier 3 Copay Retail (90-Day Supply)</b>	<b>Tier 3 Copay Preferred Mail Order (90-Day Supply)</b>	<b>Tier 3 Copay Non-Preferred Mail Order (90-Day Supply)</b>
<b>Puerto Rico</b>	Saver	\$29.60	\$81.50	\$244.50	\$229.50	\$244.50
	Preferred	\$38.70	\$52.00	\$156.00	\$141.00	\$156.00
	Enhanced	\$74.40	\$90.00	\$270.00	\$255.00	\$270.00

# Quality Improvement Organization (QIO) Contact Information

State	Organization Name	Address	Telephone Number	Website
Alabama	Alabama Quality Assurance Foundation (AQAF)	Two Perimeter Park South Suite 200 West Birmingham, AL 35243-2337	1-800-760-4550 TTY 711	www.aqaf.com
Alaska	Mountain-Pacific Quality Health Foundation	4241 B Street Suite 303 Anchorage, AK 99503	1-877-561-3202 TTY 711	www.mpqhf.org
Arizona	Health Services Advisory Group	1600 East Northern Ave. Suite 100 Phoenix, AZ 85020	1-800-359-9909 TTY 711	www.hsag.com
Arkansas	Arkansas Foundation for Medical Care	401 West Capitol Suite 508 Little Rock, AR 72201	1-877-375-5700 TTY 711	www.afmc.org
California	Health Services Advisory Group	700 N. Brand Blvd. Suite 410 Glendale, CA 91203	1-866-800-8749 TTY 711	www.hsag.com
Colorado	Colorado Foundation for Medical Care	23 Inverness Way East Suite 100 Englewood, CO 80112-5708	1-800-727-7086 TTY 711	www.cfmc.org
Connecticut	Qualidigm	1111 Cromwell Avenue Suite 201 Rocky Hill, CT 06067-3454	1-800-553-7590 TTY 711	www.qualidigm.org
Delaware	Quality Insights of Delaware	3411 Silverside Road Baynard Building Suite 100 Wilmington, DE 19810-4812	1-866-475-9669 TTY 711	www.qide.org
District of Columbia	Delmarva Foundation for Medical Care	2175 K Street NW Suite 250 Washington DC 20037	1-800-937-3362 TTY 711	www.dcqio.org
Florida	Florida Medical Quality Assurance (FMQAI)	5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609-1822	1-800-844-0795 TTY 711	www.fmqai.com
Georgia	Georgia Medical Care Foundation (GMCF)	1455 Lincoln Parkway Suite 800 Atlanta, GA 30346	1-800-982-0411 TTY 711	www.gmcf.org
Hawaii	Mountain-Pacific Quality Health Foundation	1360 South Beretania Suite 501 Honolulu, HI 96814	1-800-524-6550 TTY 711	www.mpqhf.org
Idaho	Qualis Health	720 Park Blvd. #120 Boise, ID 83712	1-800-488-1118 TTY 711	www.qualishealth medicare.org

<b>State</b>	<b>Organization Name</b>	<b>Address</b>	<b>Telephone Number</b>	<b>Website</b>
Illinois	Illinois Foundation for Quality Health Care	711 Jorie Blvd. Suite 301 Oak Brook, IL 60523-4425	1-800-647-8089 TTY 711	www.ifqhc.org
Indiana	Health Care Excel	2901 Ohio Blvd. Suite 112 Terre Haute, IN 47803	1-800-288-1499 TTY 711	www.hce.org
Iowa	Iowa Foundation for Medical Care	1776 West Lakes Parkway West Des Moines, IA 50266	1-800-383-2856 TTY 711	www.internetifmc.com
Kansas	Kansas Foundation for Medical Care	2947 SW Wanamaker Dr. Topeka, KS 66614-4193	1-800-432-0407 TTY 711	www.kfmc.org
Kentucky	Health Care Excel	1951 Bishop Lane Suite 300 Louisville, KY 42018	1-800-288-1499 TTY 711	www.hce.org
Louisiana	Louisiana Health Care Review	8591 United Plaza Blvd. Suite 270 Baton Rouge, LA 70809	1-800-433-4958 TTY 711	www.lhcr.org
Maine	Northeast Health Care Quality Foundation	15 Old Rollinsford Road Suite 302 Dover, NH 03820	1-800-772-0151 TTY 711	www.nhcqf.org
Maryland	Delmarva Foundation for Medical Care	9240 Centreville Road Easton, MD 21601	1-800-492-5811 TTY 711	www.mdqio.org
Massachusetts	MassPRO	245 Winter Street Waltham, MA 02451-1231	1-800-252-5533 TTY 711	www.masspro.org
Michigan	Michigan Peer Review Organization (MPRO)	22670 Haggerty Road Suite 100 Farmington Hills, MI 48335	1-800-365-5899 TTY 711	www.mpro.org
Minnesota	Stratis Health	2901 Metro Drive Suite 400 Bloomington, MN 55425	1-952-854-3306 or 1-877-787-2847 TTY 711	www.stratishealth.org
Mississippi	Information and Quality Healthcare	385 B Highland Colony Pky. Suite 504 Ridgeland, MS 39157	1-601-957-1575 or 1-800-844-0600 TTY 711	www.iqh.org
Missouri	Primaris	200 North Keene Street Columbia, MO 65201	1-800-347-1016 TTY 711	www.primaris.org
Montana	Mountain-Pacific Quality Health Foundation	3404 Cooney Drive Helena, MT 59602	1-406-443-4020 or 1-800-497-8232 TTY 711	www.mpqhf.org
Nebraska	CIMRO of Nebraska	1230 O Street Suite 120 Lincoln, NE 68508	1-800-458-4262 TTY 711	www.cimronebraska.org
Nevada	HealthInsight	6830 W. Oquendo Road Suite 102 Las Vegas, NV 89118	1-702-385-9933 or 1-800-748-6773 TTY 711	www.healthinsight.org

<b>State</b>	<b>Organization Name</b>	<b>Address</b>	<b>Telephone Number</b>	<b>Website</b>
New Hampshire	Northeast Health Care Quality Foundation	15 Old Rollinsford Road Suite 302 Dover, NH 03820	1-603-749-1641 or 1-800-772-0151 TTY 711	www.nhcqf.org
New Jersey	Healthcare Quality Strategies, Inc. (HQSI)	557 Cranbury Rd. Suite 21 East Brunswick, NJ 08816-4026	1-800-624-4557 TTY 1-800-752-8420	www.hqsi.org
New Mexico	New Mexico Medical Review Association	5801 Osuna Rd. NE Suite 200 Albuquerque, NM 87109	1-800-663-6351 TTY 711	www.nmmra.org
New York	IPRO	1979 Marcus Ave. Lake Success, NY 11042-1002	1-800-331-7767 TTY 1-866-446-3507	www.ipro.org
North Carolina	The Carolinas Center for Medical Excellence	100 Regency Forest Dr. Suite 200 Cary, NC 27518-8598	1-800-682-2650 TTY 1-800-735-2962	www. thecarolinascenter.org
North Dakota	North Dakota Health Care Review, Inc.	800 31st Avenue SW Minot, ND 58701	1-701-852-4231 or 1-800-472-2902 TTY 711	www.ndhcri.org
Ohio	Ohio KePRO	Rock Run Center 5700 Lombardo Center Dr. Suite 100 Seven Hills, OH 44131	1-800-589-7337 TTY 711	www.ohiokepro.com
Oklahoma	Oklahoma Foundation for Medical Quality	14000 Quail Springs Pky. Suite 400 Oklahoma City, OK 73134-2600	1-800-522-3414 TTY 711	www.ofmq.com
Oregon	Acumentra Health	2020 SW Fourth Ave. Suite 520 Portland, OR 97201-4960	1-800-344-4354 TTY 711	www.acumentra.org
Pennsylvania	Quality Insights of Pennsylvania	2601 Market Place St. Suite 320 Harrisburg, PA 17110	1-877-346-6180 TTY 711	www.qipa.org
Puerto Rico	Quality Improvement Professional Research Organization, Inc.	2 Ponce de Leon Ave. Mercantil Plaza Bldg. Suite 709 San Juan, PR 00918	1-787-641-1240 TTY 711	www.qipro.org
Rhode Island	Quality Partners of Rhode Island	235 Promenade Street Suite 500 Box 18 Providence, RI 02908	1-800-662-5028 TTY 711	www.riqualitypartners. org
South Carolina	The Carolinas Center for Medical Excellence	246 Stoneridge Drive Suite 200 Columbia, SC 29210	1-800-922-3089 TTY 1-800-735-8583	www. thecarolinascenter.org

<b>State</b>	<b>Organization Name</b>	<b>Address</b>	<b>Telephone Number</b>	<b>Website</b>
South Dakota	South Dakota Foundation for Medical Care	2600 W. 49th Street Suite 300 Sioux Falls, SD 57105	1-605-336-3505 or 1-800-658-2285 TTY 711	www.sdfmc.org
Tennessee	QSource	3175 Lenox Park Blvd. Suite 309 Memphis, TN 38115	1-800-528-2655 TTY 711	www.qsource.org
Texas	TMF Health Quality Institute	5918 West Courtyard Dr. Bridgepoint I Suite 300 Austin, TX 78730-5036	1-800-725-9216 TTY 711	www.tmf.org
Utah	HealthInsight	348 East 4500 South Suite 300 Salt Lake City, UT 84107	1-800-748-6773 TTY 711	www.healthinsight.org
Vermont	Northeast Health Care Quality Foundation	15 Old Rollinsford Rd. Suite 302 Dover, NH 03820-2830	1-603-749-1641 or 1-800-772-0151 TTY 711	www.nhcqf.org
Virgin Islands	Virgin Islands Medical Institute, Inc.	#1AD Diamond Ruby P.O. Box 5989 Sunny Isle Christiansted, VI 00823-5989	1-340-712-2444 or 1-340-712-2400 TTY 711	www.vimipro.org
Virginia	Virginia Health Quality Center	9830 Mayland Drive Suite J Richmond, VA 23233	1-866-263-8402 TTY 711	www.vhqc.org
Washington	Qualis Health	PO Box 33400 10700 Meridan Ave. N. Suite 100 Seattle, WA 98133	1-800-949-7536 TTY 711	www.qualishealth medicare.org
West Virginia	West Virginia Medical Institute	3001 Chesterfield Avenue Charleston, WV 25304	1-304-346-9864 or 1-800-642-8686 TTY 711	www.qiww.org
Wisconsin	MetaStar, Inc.	2909 Landmark Place Madison, WI 53713	1-800-362-2320 TTY 711	www.metastar.com
Wyoming	Mountain-Pacific Quality Health Foundation	P.O. Box 2242 409 South 4th Glenrock, WY 82637	1-307-436-8733 or 1-877-810-6248 TTY 711	www.mpqhf.org