

Community
CCR^x PDP

Local Pharmacists Caring for You.

Community CCRx Basic (PDP)
Community CCRx Choice (PDP)

2012

Summary of Benefits

January 1, 2012 — December 31, 2012

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S5825

SECTION I — INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Community CCRxSM Basic (PDP) and Community CCRxSM Choice (PDP). Our plan is offered by Pennsylvania Life Insurance Company and SilverScript Insurance Company/Community CCRx PDP, 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 Community CCRx Basic (PDP) or Community CCRx Choice (PDP) 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 Community CCRx Basic (PDP) or Community CCRx Choice (PDP). 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 Community CCRx Basic (PDP) or Community CCRx Choice (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

WHERE IS Community CCRx Basic (PDP) and Community CCRx Choice (PDP) AVAILABLE?

The service area for this plan includes: all 50 states, the District of Columbia and the U.S. Virgin Islands. You must live in one of these areas to join this plan.

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.

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 Community CCRx Basic (PDP) or Community CCRx Choice (PDP). If you move to a state not listed above, please call Customer Service to find out if Community CCRx PDP has a plan in your new state or county.

WHO IS ELIGIBLE TO JOIN?

You can join this plan 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.

WHERE CAN I GET MY PRESCRIPTIONS?

Community CCRx Basic (PDP) and Community CCRx Choice (PDP) 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 pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.CommunityCCRx.com. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Community CCRx Basic (PDP) and Community CCRx Choice (PDP) 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.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Community CCRx Basic (PDP) and Community CCRx Choice (PDP) 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.CommunityCCRx.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) 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 supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. 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 Community CCRx Basic (PDP) or Community CCRx Choice (PDP). Get this information before you decide to enroll in this plan.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

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 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Community CCRx Basic (PDP) or Community CCRx Choice (PDP), 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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we 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 Community CCRx Basic (PDP) or Community CCRx Choice (PDP) for more details.

WHERE CAN I FIND INFORMATION ON 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 may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Community CCRx PDP for more information about Community CCRx Basic (PDP) or Community CCRx Choice (PDP).

Visit us at www.CommunityCCRx.com or, call us:

Customer Service Hours:

- Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m.—8:00 a.m. Eastern
- Current members should call toll-free (866)-684-5353. (TTY/TDD (866)-684-5351)
- Prospective members should call toll-free (866)-423-5040. (TTY/TDD (866)-684-5351)
- Current members should call locally (866)-684-5353. (TTY/TDD (866)-684-5351)
- Prospective members should call locally (866)-423-5040. (TTY/TDD (866)-684-5351)

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 on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call Customer Service at the phone number listed above.

This information is available for free in other languages. Please contact our Customer Service number at 1-866-684-5353, from 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users should call 1-866-684-5351), 7 days a week, for additional information.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro Servicio al Cliente, al 1-866-684-5353, de 8:00 a.m. a 8:00 p.m. en su zona horaria local (los usuarios de teléfono de texto (TTY) deben llamar al 1-866-684-5351), los 7 días a la semana, para obtener información adicional.

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP for details.

SECTION II — SUMMARY OF BENEFITS

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)
Outpatient Prescription Drugs	<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>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.CommunityCCRx.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>Premium range: \$20.10 – \$53.10</p> <p>Please refer to the Premium Table after this section to find out the premium in your area.</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1212. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.CommunityCCRx.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>Premium range: \$75.20 – \$99.10</p> <p>Please refer to the Premium Table after this section to find out the premium in your area.</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1212. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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>

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)
		<p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</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 Community CCRx Basic (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 that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</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 Community CCRx Basic (PDP) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</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 Community CCRx Choice (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 that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</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 Community CCRx Choice (PDP) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.</p>
		<p>In-Network \$320 yearly deductible.</p>	<p>In-Network \$0 deductible.</p>
		<p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,930:</p>	<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p>

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP for details.

SECTION II — SUMMARY OF BENEFITS

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)
		<p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (30-day) supply of drugs in this tier • \$6 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <p>Please refer to Table B for the coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Please refer to Table B for the coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <p>Please refer to Table B for the coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Please refer to Table B for the coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier • 25% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$0 copay for a one-month (30-day) supply of drugs in this tier • \$0 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (30-day) supply of drugs in this tier • \$120 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (30-day) supply of drugs in this tier • \$210 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p>Long Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (34-day) supply of drugs in this tier 	<p>Long Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$0 copay for a one-month (34-day) supply of drugs in this tier

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)
		<p>Tier 2: Preferred Brand Drugs Please refer to Table B for the coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs Please refer to Table B for the coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (34-day) supply of drugs in this tier 	<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier
		<p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>
			<p>Additional Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>
		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$ 4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$ 4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.

If you have any questions about this plan's benefits or costs, please contact Community CCRx PDP for details.

SECTION II — SUMMARY OF BENEFITS

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)
		<p>Out-of-Network 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 Community CCRx Basic (PDP).</p>	<p>Out-of-Network 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 Community CCRx Choice (PDP).</p>
		<p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs Please refer to Table B for the coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs Please refer to Table B for the coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier 	<p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$0 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier

Benefit	Original Medicare	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)
		<p>Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,700.</p>	<p>Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,700.</p> <p>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,700.</p>
		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • A \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.

Premium Table: Community CCRx Basic (PDP) and Community CCRx Choice (PDP)

We offer two Prescription Drug Plans: Community CCRx Basic (PDP) and Community CCRx Choice (PDP). Use this table to locate your state's monthly premium for each plan. The dollar amount shown next to your state is the monthly premium you pay for the plan you select.

State	Region	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)	State	Region	Community CCRx Basic (PDP)	Community CCRx Choice (PDP)
Alabama	12	\$30.00	\$84.00	Montana	25	\$34.80	\$87.60
Alaska	34	\$53.10	\$95.60	Nebraska	25	\$34.80	\$87.60
Arizona	28	\$25.10	\$81.00	Nevada	29	\$24.90	\$84.30
Arkansas	19	\$29.80	\$78.40	New Hampshire	01	\$27.20	\$90.10
California	32	\$48.90	\$91.50	New Jersey	04	\$42.40	\$80.00
Colorado	27	\$30.20	\$90.50	New Mexico	26	\$20.10	\$76.80
Connecticut	02	\$31.50	\$83.10	New York	03	\$37.10	\$79.00
Delaware	05	\$32.80	\$89.20	North Carolina	08	\$32.10	\$75.90
Dist. of Columbia	05	\$32.80	\$89.20	North Dakota	25	\$34.80	\$87.60
Florida	11	\$25.40	\$79.50	Ohio	14	\$26.90	\$76.00
Georgia	10	\$28.90	\$75.20	Oklahoma	23	\$31.20	\$87.90
Hawaii	33	\$39.30	\$83.40	Oregon	30	\$33.40	\$83.70
Idaho	31	\$38.20	\$99.10	Pennsylvania	06	\$28.70	\$78.30
Illinois	17	\$27.40	\$79.80	Rhode Island	02	\$31.50	\$83.10
Indiana	15	\$33.60	\$79.00	South Carolina	09	\$34.40	\$77.30
Iowa	25	\$34.80	\$87.60	South Dakota	25	\$34.80	\$87.60
Kansas	24	\$34.90	\$92.10	Tennessee	12	\$30.00	\$84.00
Kentucky	15	\$33.60	\$79.00	Texas	22	\$28.80	\$77.90
Louisiana	21	\$32.20	\$79.40	Virgin Islands	39	\$21.40	\$76.70
Maine	01	\$27.20	\$90.10	Utah	31	\$38.20	\$99.10
Maryland	05	\$32.80	\$89.20	Vermont	02	\$31.50	\$83.10
Massachusetts	02	\$31.50	\$83.10	Virginia	07	\$30.00	\$78.50
Michigan	13	\$33.00	\$82.80	Washington	30	\$33.40	\$83.70
Minnesota	25	\$34.80	\$87.60	West Virginia	06	\$28.70	\$78.30
Mississippi	20	\$31.00	\$82.20	Wisconsin	16	\$34.90	\$84.70
Missouri	18	\$30.60	\$83.00	Wyoming	25	\$34.80	\$87.60

Table B: Community CCRx Basic (PDP) Coinsurance Table

Retail, Long-term Care and Out-of-network Pharmacies

Community CCRx Basic (PDP) coinsurance amounts for Tier 2 and Tier 3 drugs differ based on state. Use this table to locate your state's coinsurance during the Initial Coverage Stage. The percentage (%) shown next to your state represent the coinsurance amount you will pay at retail, long-term care and out-of-network pharmacies.

Service Area	Tier 2: Preferred Brand Drugs	Tier 3: Non-Preferred Brand Drugs	Service Area	Tier 2: Preferred Brand Drugs	Tier 3: Non-Preferred Brand Drugs
Alabama	25%	47%	Montana	25%	48%
Alaska	24%	45%	Nebraska	25%	48%
Arizona	25%	47%	Nevada	25%	45%
Arkansas	25%	47%	New Hampshire	25%	47%
California	25%	46%	New Jersey	25%	46%
Colorado	25%	49%	New Mexico	25%	47%
Connecticut	25%	49%	New York	25%	46%
Delaware	25%	48%	North Carolina	25%	47%
Dist. of Columbia	25%	48%	North Dakota	25%	48%
Florida	24%	45%	Ohio	25%	45%
Georgia	25%	47%	Oklahoma	25%	46%
Hawaii	25%	48%	Oregon	25%	50%
Idaho	25%	46%	Pennsylvania	25%	46%
Illinois	25%	47%	Rhode Island	25%	49%
Indiana	25%	46%	South Carolina	25%	48%
Iowa	25%	48%	South Dakota	25%	48%
Kansas	25%	48%	Tennessee	25%	47%
Kentucky	25%	46%	Texas	25%	45%
Louisiana	25%	45%	Virgin Islands	29%	50%
Maine	25%	47%	Utah	25%	46%
Maryland	25%	48%	Vermont	25%	49%
Massachusetts	25%	49%	Virginia	25%	47%
Michigan	25%	46%	Washington	25%	50%
Minnesota	25%	48%	West Virginia	25%	46%
Mississippi	25%	48%	Wisconsin	25%	47%
Missouri	25%	45%	Wyoming	25%	48%

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Community CCRxSM PDP
Customer Service Center

Call 1-866-423-5040

8:00 a.m. to 8:00 p.m.
in your local time zone

(TTY users call

1-866-684-5351)

7 days a week.



Log on to www.CommunityCCRx.com

The Community CCRx website is available 24 hours a day, 7 days a week.

Log on to find out more about our plans or to enroll with Community CCRx.