

## PHARMACY BENEFITS FOR MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS

General Information	CommunityCare Senior Health Plan	Generations Healthcare
<p>Mandatory generic and formulary medications</p> <p>Quantity limits apply to certain drugs, also some drugs require prior authorization</p> <p>Pharmacy programs must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003</p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>This plan uses a formulary</p> <p>Part B: No copay for Part B covered chemotherapy drugs and other Part B covered drugs.</p> <p>Part D Retail – 30-day supply \$0 copay for select Preferred generic drugs \$10 copay for Preferred generic drugs \$30 copay for Preferred brand drugs \$60 copay for non-Preferred generic/brand drugs 33% coinsurance for specialty drugs and non-specialty injectables Part D Mail Order – 90-day supply \$0 copay for select Preferred generic drugs \$20 copay for Preferred generic drugs \$60 copay for Preferred brand drugs \$120 copay for non-Preferred generic/brand drugs 33% coinsurance for specialty drugs and non-specialty injectables</p>	<p>This plan uses a formulary</p> <p>Part B: No copay for Part B covered chemotherapy drugs and other Part B covered drugs.</p> <p>Part D Retail – 30 day supply \$ 4 copay – Tier 1 \$ 4 copay – Tier 2 \$35 copay – Tier 3 \$65 copay – Tier 4 20% coinsurance – Tier 5</p> <p>Part D Retail – 31-90 day supply \$ 8 copay – Tier 1 \$ 8 copay – Tier 2 \$ 70 copay – Tier 3 \$130 copay – Tier 4 20% coinsurance – Tier 5</p> <p>Coverage Gap: Includes Tier 1 and Tier 2 medications. Tier 3 includes only insulin</p>