



# 2021 Group Medicare Pharmacy Rider Overview

RIDER NO.	GROUP SIZE SMALL/LARGE	DEDUCTIBLE	COINSURANCE	TIERED COPAYMENT STRUCTURE (30-DAY SUPPLY)	DRUGS COVERED IN THE COVERAGE GAP (DONUT HOLE)	ENHANCED DRUGS INCLUDED	CAREMARK MAIL-ORDER 90-DAY SUPPLY (TIERS 1-4)	RETAIL 90-DAY SUPPLY (TIERS 1-4)
519	Both	No	No	\$0/\$10/\$35/\$50/25%	Yes (Tiers 1 & 2 Only)	Yes	2 copayments	3 copayments
520	Both	No	No	\$0/\$10/\$35/\$65/30%	Yes	Yes	2 copayments	3 copayments
530	Both	No	No	\$2/\$10/\$50/\$75/30%	Yes (Tiers 1 & 2 Only)	Yes	2 copayments	3 copayments
521	Large Only	No	No	\$0/\$10/\$20/\$35/\$35	Yes	Yes	2 copayments	3 copayments
523	Large Only	No	No	\$0/\$10/\$25/\$40/\$40	Yes	Yes	2 copayments	3 copayments
524	Large Only	No	No	\$0/\$10/\$30/\$50/\$50	Yes	Yes	2 copayments	3 copayments
526	Large Only	No	No	\$0/\$5/\$35/\$55/\$55	Yes	Yes	2 copayments	3 copayments

**For All Riders:** Tier 1 Preferred Generic, Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Drugs, Tier 5 Specialty Tier. Tiers 3, 4, and 5 include brand and generic drugs.

## Part D 2021 Thresholds:

**Initial Coverage Limit:** Once your total out-of-pocket spending (member payments + CDPHP payments) reaches \$4,130, a coverage gap begins.

**Coverage Gap\*:** Begins when your Medicare Part D plan's initial coverage limit (\$4,130) is reached and ends when you spend a total of \$6,550. If your rider does not include coverage through the gap, you will pay 25% for Tier 1 through 5 generic drugs and 25% for all Tier 3 through 5 Part D brand drugs (as defined by CMS\*\*) during the coverage gap until your Part D total out-of-pocket spending reaches \$6,550 and you qualify for catastrophic coverage.

**Out-of-Pocket Threshold:** Begins when your total out-of-pocket Part D drug expenditures (member payments + manufacturer discounts)\* reach \$6,550.

**Minimum Cost-Sharing in the Catastrophic Coverage Portion of the Benefit:** Will increase to greater of 5% or \$3.70 for generic or preferred drug that is a multi-source drug and the greater of 5% or \$9.20 for all other drugs in 2021.

## Additional CDPHP Pharmacy Rider Benefits:

**Tier 5 Copayment:** For all large group pharmacy riders with coverage through the gap, in Tier 5, you will pay your standard copayment or 5% coinsurance, whichever is less. In Tiers 1 through 4, the greater of 5% coinsurance or \$3.70 for generic and multiple source brand drugs and the greater of 5% coinsurance or \$9.20 for all other drugs will apply.

\* The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand-name drugs to Part D enrollees who have reached the coverage gap and are not already receiving Extra Help. A 50% discount on the negotiated price (excluding the dispensing fee and vaccine administration fee, if any) is available for brand-name drugs from manufacturers that have agreed to pay the discount. Both the amount you pay (even if you are only responsible for your standard copayment through the coverage gap) and the 50% discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap. The coverage for generic drugs works differently than the coverage for brand-name drugs. For generic drugs, the amount paid by the plan does not count toward your out-of-pocket costs. Additional information about your out-of-pocket costs in the coverage gap can be found on the plan-specific Medicare pharmacy rider page.

\*\* Brand-name drugs are NDA and ANDA drugs produced by manufacturers that have contracted with CMS to offer this discount.

This summary is designed to highlight the benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, an Evidence of Coverage is available for your review upon request.