

**AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!**

# 2018 SilverScript Choice PDP Design Massachusetts - Region 2

Stage	SilverScript Choice		
Premium	\$29.40		
Region Benchmark	\$35.58 (SilverScript Choice PDP under by \$6.18)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	<b>Retail Pharmacy Preferred / Standard</b>	<b>Retail Pharmacy Preferred / Standard</b>	<b>Mail Service Pharmacy Preferred</b>
	<b>30-day</b>	<b>90-day</b>	<b>90-day</b>
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$38 / \$47	\$95 / \$141	\$95
Tier 4	38% / 50%	38% / 50%	38%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017  
 \* Not all Tier 5 drugs may be available through mail.

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# 2018 SilverScript Plus PDP Design Massachusetts - Region 2

Stage	SilverScript Plus		
Premium	\$63.80		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	<b>Retail Pharmacy Preferred / Standard</b>	<b>Retail Pharmacy Preferred / Standard</b>	<b>Mail Service Pharmacy Preferred</b>
	<b>30-day</b>	<b>90-day</b>	<b>90-day</b>
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

\* Not all Tier 5 drugs may be available through mail.