



| Plus Plan | Value Plan |  
S7126

## 2019 Summary of Benefits

January 1, 2019 – December 31, 2019



This booklet gives you a summary of what **Mutual of Omaha Rx<sup>SM</sup>** (PDP) Plus and Value plans cover and what you pay. It doesn't list every service that we cover or every limitation or exclusion.

To get a complete list of services we cover, you can view our *Evidence of Coverage* online at **[MutualofOmahaRx.com/2019documents](https://MutualofOmahaRx.com/2019documents)** or call Customer Service for more information or to request an *Evidence of Coverage*.

Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in the Mutual of Omaha Rx plan depends on contract renewal.

## Contact information



### How can I contact Mutual of Omaha Rx?

#### If you are not a member of this plan:

Call toll free **1.800.961.9006**; TTY: **1.800.584.6939**,  
8 a.m. to 8 p.m., 7 days a week, except Thanksgiving and Christmas.  
Website: **MutualofOmahaRx.com**

#### If you are a member of this plan:

Call toll free **1.855.864.6797**; TTY: **1.800.716.3231**,  
24 hours a day, 7 days a week.  
Website: **MutualofOmahaRx.com**

## About Mutual of Omaha Rx (PDP)



### Who can join our plan?

To join Mutual of Omaha Rx (PDP), you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B and live in our service area. Our service area includes all states (except Florida and New York) and the District of Columbia.



### Which drugs are covered?

We will generally cover the drugs in our formulary (list of covered Part D prescription drugs) as long as the drug is medically necessary, the prescription is filled at a Mutual of Omaha Rx network pharmacy, and other plan rules are followed.

You can see the complete 2019 formulary for each of our plans, as well as any restrictions, online at **MutualofOmahaRx.com/2019formulary**.



### Which pharmacies can I use?

We have a network of pharmacies (both standard and preferred), and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. If you use an out-of-network pharmacy, the plan may not pay for these drugs, and you may pay more than you pay at an in-network pharmacy. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can check online to see if your pharmacy is in our network at **MutualofOmahaRx.com/2019network**.

## Using a Part D plan

### How are drug costs determined?

Cost may vary, depending on:

- **The drug's tier**  
Our plans group each medication into one of five "tiers."
- **The type of pharmacy you use**  
Our plans offer standard and preferred retail network pharmacies, home delivery from the Express Scripts Pharmacy<sup>SM</sup>, as well as long-term care, home infusion and Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies.

In all Mutual of Omaha Rx plans, cost-sharing amounts at long-term care, home infusion, I/T/U and out-of-network pharmacies are the same as at a standard retail pharmacy.

- **The number of days the prescription is written for**  
Our plans typically offer a 30-day supply, a 90-day supply, or both, depending on the drug tier.
- **Which stage of the benefit you have reached**  
See information on benefit stages below.

## What are the Medicare Part D benefit stages?

- **Annual Deductible Stage**  
In this stage, you pay a set amount before your plan begins to pay its share of the cost. You will find deductible amounts on page 3.
- **Initial Coverage Stage**  
This stage begins after you pay your yearly deductible. You remain in this stage until your total yearly drug costs reach \$3,820. (Total yearly drug costs include the total drug costs paid by you and any Part D plan since the calendar year began.) Refer to page 3 to see the amount you pay.

- **Coverage Gap (or Donut Hole) Stage**  
This stage begins after your total yearly drug costs exceed \$3,820.  
**Most members do not reach the Coverage Gap.**

If you reach this stage, you will pay 37% of the cost for generic drugs and 25% of the cost for brand drugs, excluding dispensing and any vaccine administration fees, until your year-to-date out-of-pocket costs total \$5,100.

- **Catastrophic Coverage Stage**  
This stage begins after your year-to-date out-of-pocket costs exceed \$5,100.

During this stage, you pay the greater of \$3.40 or 5% of the cost for generic drugs, and the greater of \$8.50 or 5% of the cost for all other drugs.

## Plus Plan Benefit Overview

**MONTHLY PREMIUM: RANGES FROM \$37.00 – \$52.30**

*Please refer to page 4 for the premium amount in your state.*

**Annual Deductible: \$415**

Initial Coverage Stage	Preferred Retail Pharmacy		Preferred Mail Order	Standard Retail Pharmacy	
	30-day supply	90-day supply	90-day supply	30-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$3 copay	\$9 copay	\$8 copay	\$8 copay	\$24 copay
<b>Tier 2</b> Generic Drugs	Copay varies by state. Please refer to the table on pages 5 – 6.				
<b>Tier 3</b> Preferred Brand Drugs	Copay varies by state. Please refer to the table on pages 6 – 7.				
<b>Tier 4</b> Non-Preferred Drugs	48% of the cost (30-day supply only)		50% of the cost (30-day supply only)		
<b>Tier 5</b> Specialty Drugs	25% of the cost (30-day supply only)				

## Value Plan Benefit Overview

**MONTHLY PREMIUM: RANGES FROM \$24.70 – \$33.60**

*Please refer to page 4 for the premium amount in your state.*

**Annual Deductible: \$0 for Tiers 1 & 2 Generics; \$415 for Tiers 3, 4 & 5**

Initial Coverage Stage	Preferred Retail Pharmacy		Preferred Mail Order	Standard Retail Pharmacy	
	30-day supply	90-day supply	90-day supply	30-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$1 copay	\$3 copay	\$2 copay	\$5 copay	\$15 copay
<b>Tier 2</b> Generic Drugs	\$4 copay	\$12 copay	\$8 copay	\$10 copay	\$30 copay
<b>Tier 3</b> Preferred Brand Drugs	15% of the cost	15% of the cost	18% of the cost	18% of the cost	18% of the cost
<b>Tier 4</b> Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 8 – 9. (30-day supply only)				
<b>Tier 5</b> Specialty Drugs	25% of the cost (30-day supply only)				

<b>Plus Plan Premiums by State</b>					
<b>State</b>	<b>Premium</b>	<b>State</b>	<b>Premium</b>	<b>State</b>	<b>Premium</b>
Alabama	\$45.40	Kentucky	\$41.90	Ohio	\$39.10
Alaska	\$49.00	Louisiana	\$52.30	Oklahoma	\$46.10
Arizona	\$38.10	Maine	\$48.10	Oregon	\$45.00
Arkansas	\$51.60	Maryland	\$41.90	Pennsylvania	\$42.30
California	\$43.30	Massachusetts	\$41.20	Rhode Island	\$41.20
Colorado	\$37.00	Michigan	\$49.00	South Carolina	\$41.70
Connecticut	\$41.20	Minnesota	\$47.00	South Dakota	\$47.00
Delaware	\$41.90	Mississippi	\$51.80	Tennessee	\$45.40
District of Columbia	\$41.90	Missouri	\$47.10	Texas	\$44.80
		Montana	\$47.00	Utah	\$45.50
Georgia	\$46.70	Nebraska	\$47.00	Vermont	\$41.20
Hawaii	\$41.30	Nevada	\$39.70	Virginia	\$41.50
Idaho	\$45.50	New Hampshire	\$48.10	Washington	\$45.00
Illinois	\$45.80	New Jersey	\$41.40	West Virginia	\$42.30
Indiana	\$41.90	New Mexico	\$48.20	Wisconsin	\$46.70
Iowa	\$47.00	North Carolina	\$45.60	Wyoming	\$47.00
Kansas	\$44.20	North Dakota	\$47.00		

<b>Value Plan Premiums by State</b>					
<b>State</b>	<b>Premium</b>	<b>State</b>	<b>Premium</b>	<b>State</b>	<b>Premium</b>
Alabama	\$28.80	Kentucky	\$27.00	Ohio	\$24.70
Alaska	\$28.00	Louisiana	\$32.10	Oklahoma	\$29.50
Arizona	\$25.20	Maine	\$27.10	Oregon	\$29.40
Arkansas	\$33.60	Maryland	\$28.40	Pennsylvania	\$26.40
California	\$27.60	Massachusetts	\$26.40	Rhode Island	\$26.40
Colorado	\$24.80	Michigan	\$31.00	South Carolina	\$26.70
Connecticut	\$26.40	Minnesota	\$30.20	South Dakota	\$30.20
Delaware	\$28.40	Mississippi	\$30.90	Tennessee	\$28.80
District of Columbia	\$28.40	Missouri	\$28.70	Texas	\$29.20
		Montana	\$30.20	Utah	\$27.40
Georgia	\$29.00	Nebraska	\$30.20	Vermont	\$26.40
Hawaii	\$26.60	Nevada	\$26.00	Virginia	\$27.00
Idaho	\$27.40	New Hampshire	\$27.10	Washington	\$29.40
Illinois	\$28.10	New Jersey	\$26.40	West Virginia	\$26.40
Indiana	\$27.00	New Mexico	\$30.80	Wisconsin	\$31.40
Iowa	\$30.20	North Carolina	\$28.00	Wyoming	\$30.20
Kansas	\$29.40	North Dakota	\$30.20		

## Plus Plan

Refer to the tables that follow for Tier 2 and Tier 3 Cost-Sharing for your state.

Plus Plan – Tier 2 Initial Coverage Cost-Sharing by State					
State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Alabama	\$6	\$18	\$12	\$36	\$15
Alaska	\$5	\$15	\$11	\$33	\$12
Arizona	\$7	\$21	\$13	\$39	\$18
Arkansas	\$5	\$15	\$11	\$33	\$12
California	\$5	\$15	\$11	\$33	\$12
Colorado	\$6	\$18	\$12	\$36	\$15
Connecticut	\$7	\$21	\$13	\$39	\$18
Delaware	\$6	\$18	\$12	\$36	\$15
District of Columbia	\$6	\$18	\$12	\$36	\$15
Georgia	\$6	\$18	\$12	\$36	\$15
Hawaii	\$6	\$18	\$12	\$36	\$15
Idaho	\$5	\$15	\$11	\$33	\$12
Illinois	\$6	\$18	\$12	\$36	\$15
Indiana	\$6	\$18	\$12	\$36	\$15
Iowa	\$5	\$15	\$11	\$33	\$12
Kansas	\$5	\$15	\$11	\$33	\$12
Kentucky	\$6	\$18	\$12	\$36	\$15
Louisiana	\$5	\$15	\$11	\$33	\$12
Maine	\$5	\$15	\$11	\$33	\$12
Maryland	\$6	\$18	\$12	\$36	\$15
Massachusetts	\$7	\$21	\$13	\$39	\$18
Michigan	\$5	\$15	\$11	\$33	\$12
Minnesota	\$5	\$15	\$11	\$33	\$12
Mississippi	\$5	\$15	\$11	\$33	\$12
Missouri	\$5	\$15	\$11	\$33	\$12
Montana	\$5	\$15	\$11	\$33	\$12
Nebraska	\$5	\$15	\$11	\$33	\$12
Nevada	\$6	\$18	\$12	\$36	\$15
New Hampshire	\$5	\$15	\$11	\$33	\$12
New Jersey	\$6	\$18	\$12	\$36	\$15
New Mexico	\$5	\$15	\$11	\$33	\$12
North Carolina	\$6	\$18	\$12	\$36	\$15
North Dakota	\$5	\$15	\$11	\$33	\$12

**Plus Plan – Tier 2 Initial Coverage Cost-Sharing by State, contd.**

State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Ohio	\$6	\$18	\$12	\$36	\$15
Oklahoma	\$5	\$15	\$11	\$33	\$12
Oregon	\$5	\$15	\$11	\$33	\$12
Pennsylvania	\$6	\$18	\$12	\$36	\$15
Rhode Island	\$7	\$21	\$13	\$39	\$18
South Carolina	\$6	\$18	\$12	\$36	\$15
South Dakota	\$5	\$15	\$11	\$33	\$12
Tennessee	\$6	\$18	\$12	\$36	\$15
Texas	\$6	\$18	\$12	\$36	\$15
Utah	\$5	\$15	\$11	\$33	\$12
Vermont	\$7	\$21	\$13	\$39	\$18
Virginia	\$6	\$18	\$13	\$39	\$15
Washington	\$5	\$15	\$11	\$33	\$12
West Virginia	\$6	\$18	\$12	\$36	\$15
Wisconsin	\$5	\$15	\$11	\$33	\$12
Wyoming	\$5	\$15	\$11	\$33	\$12

**Plus Plan – Tier 3 Initial Coverage Cost-Sharing by State**

State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Alabama	\$30	\$90	\$40	\$120	\$85
Alaska	\$28	\$84	\$38	\$114	\$79
Arizona	\$34	\$102	\$44	\$132	\$97
Arkansas	\$23	\$69	\$33	\$99	\$64
California	\$34	\$102	\$44	\$132	\$97
Colorado	\$37	\$111	\$47	\$141	\$106
Connecticut	\$34	\$102	\$44	\$132	\$97
Delaware	\$33	\$99	\$43	\$129	\$94
District of Columbia	\$33	\$99	\$43	\$129	\$94
Georgia	\$33	\$99	\$43	\$129	\$94
Hawaii	\$37	\$111	\$47	\$141	\$106
Idaho	\$32	\$96	\$42	\$126	\$91
Illinois	\$29	\$87	\$39	\$117	\$82
Indiana	\$34	\$102	\$44	\$132	\$97
Iowa	\$21	\$63	\$31	\$93	\$58

**Plus Plan – Tier 3 Initial Coverage Cost-Sharing by State, contd.**

State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Kansas	\$33	\$99	\$43	\$129	\$94
Kentucky	\$34	\$102	\$44	\$132	\$97
Louisiana	\$27	\$81	\$37	\$111	\$76
Maine	\$30	\$90	\$40	\$120	\$85
Maryland	\$33	\$99	\$43	\$129	\$94
Massachusetts	\$34	\$102	\$44	\$132	\$97
Michigan	\$31	\$93	\$41	\$123	\$88
Minnesota	\$21	\$63	\$31	\$93	\$58
Mississippi	\$28	\$84	\$38	\$114	\$79
Missouri	\$27	\$81	\$37	\$111	\$76
Montana	\$21	\$63	\$31	\$93	\$58
Nebraska	\$21	\$63	\$31	\$93	\$58
Nevada	\$37	\$111	\$47	\$141	\$106
New Hampshire	\$30	\$90	\$40	\$120	\$85
New Jersey	\$32	\$96	\$42	\$126	\$91
New Mexico	\$27	\$81	\$37	\$111	\$76
North Carolina	\$32	\$96	\$42	\$126	\$91
North Dakota	\$21	\$63	\$31	\$93	\$58
Ohio	\$34	\$102	\$44	\$132	\$97
Oklahoma	\$29	\$87	\$39	\$117	\$82
Oregon	\$25	\$75	\$35	\$105	\$70
Pennsylvania	\$33	\$99	\$43	\$129	\$94
Rhode Island	\$34	\$102	\$44	\$132	\$97
South Carolina	\$35	\$105	\$45	\$135	\$100
South Dakota	\$21	\$63	\$31	\$93	\$58
Tennessee	\$30	\$90	\$40	\$120	\$85
Texas	\$31	\$93	\$41	\$123	\$88
Utah	\$32	\$96	\$42	\$126	\$91
Vermont	\$34	\$102	\$44	\$132	\$97
Virginia	\$35	\$105	\$45	\$135	\$100
Washington	\$25	\$75	\$35	\$105	\$70
West Virginia	\$33	\$99	\$43	\$129	\$94
Wisconsin	\$24	\$72	\$34	\$102	\$67
Wyoming	\$21	\$63	\$31	\$93	\$58



## Value Plan

Refer to the table that follows for the Tier 4 Cost-Sharing for your state.

<b>Value Plan – Tier 4 Initial Coverage Cost-Sharing by State</b>			
<b>State</b>	<b>Preferred Pharmacy</b>	<b>Standard Pharmacy</b>	<b>Preferred Mail Order</b>
	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>
Alabama	35% of the cost	38% of the cost	38% of the cost
Alaska	33% of the cost	36% of the cost	36% of the cost
Arizona	38% of the cost	41% of the cost	41% of the cost
Arkansas	32% of the cost	35% of the cost	35% of the cost
California	35% of the cost	38% of the cost	38% of the cost
Colorado	37% of the cost	40% of the cost	40% of the cost
Connecticut	37% of the cost	40% of the cost	40% of the cost
Delaware	35% of the cost	38% of the cost	38% of the cost
District of Columbia	35% of the cost	38% of the cost	38% of the cost
Georgia	36% of the cost	39% of the cost	39% of the cost
Hawaii	37% of the cost	40% of the cost	40% of the cost
Idaho	35% of the cost	38% of the cost	38% of the cost
Illinois	36% of the cost	39% of the cost	39% of the cost
Indiana	37% of the cost	40% of the cost	40% of the cost
Iowa	32% of the cost	35% of the cost	35% of the cost
Kansas	35% of the cost	38% of the cost	38% of the cost
Kentucky	37% of the cost	40% of the cost	40% of the cost
Louisiana	33% of the cost	36% of the cost	36% of the cost
Maine	35% of the cost	38% of the cost	38% of the cost
Maryland	35% of the cost	38% of the cost	38% of the cost
Massachusetts	37% of the cost	40% of the cost	40% of the cost
Michigan	35% of the cost	38% of the cost	38% of the cost
Minnesota	32% of the cost	35% of the cost	35% of the cost
Mississippi	34% of the cost	37% of the cost	37% of the cost
Missouri	34% of the cost	37% of the cost	37% of the cost
Montana	32% of the cost	35% of the cost	35% of the cost
Nebraska	32% of the cost	35% of the cost	35% of the cost
Nevada	37% of the cost	40% of the cost	40% of the cost
New Hampshire	35% of the cost	38% of the cost	38% of the cost
New Jersey	36% of the cost	39% of the cost	39% of the cost
New Mexico	33% of the cost	36% of the cost	36% of the cost
North Carolina	36% of the cost	39% of the cost	39% of the cost
North Dakota	32% of the cost	35% of the cost	35% of the cost
Ohio	37% of the cost	40% of the cost	40% of the cost
Oklahoma	34% of the cost	37% of the cost	37% of the cost

**Value Plan – Tier 4 Initial Coverage Cost-Sharing by State, contd.**

<b>State</b>	<b>Preferred Pharmacy</b>	<b>Standard Pharmacy</b>	<b>Preferred Mail Order</b>
	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>
Oregon	33% of the cost	36% of the cost	36% of the cost
Pennsylvania	36% of the cost	39% of the cost	39% of the cost
Rhode Island	37% of the cost	40% of the cost	40% of the cost
South Carolina	37% of the cost	40% of the cost	40% of the cost
South Dakota	32% of the cost	35% of the cost	35% of the cost
Tennessee	35% of the cost	38% of the cost	38% of the cost
Texas	36% of the cost	39% of the cost	39% of the cost
Utah	35% of the cost	38% of the cost	38% of the cost
Vermont	37% of the cost	40% of the cost	40% of the cost
Virginia	37% of the cost	40% of the cost	40% of the cost
Washington	33% of the cost	36% of the cost	36% of the cost
West Virginia	36% of the cost	39% of the cost	39% of the cost
Wisconsin	33% of the cost	36% of the cost	36% of the cost
Wyoming	32% of the cost	35% of the cost	35% of the cost

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If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [medicare.gov](http://medicare.gov) or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

This information is not a complete description of benefits. Call **1.855.864.6797** (TTY: **1.800.716.3231**) if you are a current member or **1.800.961.9006** (TTY: **1.800.584.6939**) if you are not a member for more information.

ATENCIÓN: Si usted habla español, se encuentran disponibles para usted servicios de asistencia con el idioma sin cargo. Llame al **1.855.864.6797** si es un miembro actual o al **1.800.961.9006** si no es un miembro (TTY: **1.800.716.3231** si es un miembro actual o **1.800.584.6939** si no es un miembro).