



| Plus Plan | Value Plan |
S7126

2020 Summary of Benefits

January 1, 2020 – December 31, 2020



This booklet gives you a summary of what **Mutual of Omaha RxSM** (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/2020documents** 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**,

October 1 – March 31: 7 a.m. to 9 p.m. Central, Monday through Friday, and 7 a.m. to 7 p.m. Central, Saturday and Sunday, except Thanksgiving and Christmas.

April 1 – September 30: 7 a.m. to 5 p.m. Central, Monday through Friday, except federal holidays.

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 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 2020 formulary online for each of our plans, as well as any restrictions, at **MutualofOmahaRx.com/2020formulary**.



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/2020network**.

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 PharmacySM, 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. At home infusion, I/T/U and out-of-network pharmacies, supplies are limited to 30 days. Long-term care pharmacies may dispense up to a 31-day supply.
- **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 \$4,020. (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 \$4,020.
Most members do not reach the Coverage Gap.
If you reach this stage, you will pay 25% 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 \$6,350.
For the Value plan, we offer additional coverage in the Coverage Gap for Tiers 1 and 2 drugs. For those drugs, you pay the same amount as in the Initial Coverage Stage indicated in the chart on page 3.
- **Catastrophic Coverage Stage**
This stage begins after your year-to-date out-of-pocket costs exceed \$6,350.
During this stage, you pay the greater of \$3.60 or 5% of the cost for generic drugs, and the greater of \$8.95 or 5% of the cost for all other drugs.

Plus Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$46.00 – \$63.90

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

Annual Deductible: \$435

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
Tier 1 Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$8 copay	\$24 copay
Tier 2 Generic Drugs	Copay varies by state. Please refer to the table on pages 5 – 6.				
Tier 3 Preferred Brand Drugs	Copay varies by state. Please refer to the table on pages 6 – 7.				
Tier 4 Non-Preferred Drugs	48% of the cost (30-day supply only)			50% of the cost (30-day supply only)	
Tier 5 Specialty Tier Drugs	25% of the cost (30-day supply only)				

Value Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$21.70 – \$30.90

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

Annual Deductible: \$0 for Tiers 1 & 2 Generics; \$435 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
Tier 1 Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$10 copay	\$30 copay
Tier 2 Generic Drugs	\$2 copay	\$6 copay	\$6 copay	\$15 copay	\$45 copay
Tier 3 Preferred Brand Drugs	Copay varies by state. Please refer to the table on pages 8 – 9.				
Tier 4 Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 9 – 10. (30-day supply only)				
Tier 5 Specialty Tier Drugs	25% of the cost (30-day supply only)				

Plus Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$63.00	Kentucky	\$52.90	Ohio	\$54.30
Alaska	\$57.60	Louisiana	\$63.90	Oklahoma	\$59.60
Arizona	\$50.80	Maine	\$54.20	Oregon	\$56.30
Arkansas	\$62.80	Maryland	\$51.50	Pennsylvania	\$58.20
California	\$51.70	Massachusetts	\$49.30	Rhode Island	\$49.30
Colorado	\$52.50	Michigan	\$52.60	South Carolina	\$59.10
Connecticut	\$49.30	Minnesota	\$58.70	South Dakota	\$58.70
Delaware	\$51.50	Mississippi	\$61.10	Tennessee	\$63.00
District of Columbia	\$51.50	Missouri	\$61.20	Texas	\$52.10
Florida	\$55.80	Montana	\$58.70	Utah	\$56.70
Georgia	\$57.90	Nebraska	\$58.70	Vermont	\$49.30
Hawaii	\$46.00	Nevada	\$48.00	Virginia	\$55.80
Idaho	\$56.70	New Hampshire	\$54.20	Washington	\$56.30
Illinois	\$53.20	New Jersey	\$56.80	West Virginia	\$58.20
Indiana	\$52.90	New Mexico	\$54.60	Wisconsin	\$61.90
Iowa	\$58.70	North Carolina	\$56.40	Wyoming	\$58.70
Kansas	\$53.50	North Dakota	\$58.70		

Value Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$30.10	Kentucky	\$23.50	Ohio	\$23.80
Alaska	\$26.80	Louisiana	\$30.90	Oklahoma	\$27.30
Arizona	\$22.10	Maine	\$23.30	Oregon	\$24.00
Arkansas	\$29.30	Maryland	\$23.30	Pennsylvania	\$25.40
California	\$23.10	Massachusetts	\$24.10	Rhode Island	\$24.10
Colorado	\$23.30	Michigan	\$22.20	South Carolina	\$28.30
Connecticut	\$24.10	Minnesota	\$24.50	South Dakota	\$24.50
Delaware	\$23.30	Mississippi	\$28.20	Tennessee	\$30.10
District of Columbia	\$23.30	Missouri	\$26.30	Texas	\$22.70
Florida	\$25.80	Montana	\$24.50	Utah	\$23.90
Georgia	\$26.80	Nebraska	\$24.50	Vermont	\$24.10
Hawaii	\$22.80	Nevada	\$21.70	Virginia	\$25.80
Idaho	\$23.90	New Hampshire	\$23.30	Washington	\$24.00
Illinois	\$22.80	New Jersey	\$24.90	West Virginia	\$25.40
Indiana	\$23.50	New Mexico	\$25.80	Wisconsin	\$26.80
Iowa	\$24.50	North Carolina	\$24.00	Wyoming	\$24.50
Kansas	\$22.10	North Dakota	\$24.50		

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	\$8	\$24	\$14	\$42	\$24
Alaska	\$6	\$18	\$12	\$36	\$18
Arizona	\$11	\$33	\$17	\$51	\$33
Arkansas	\$5	\$15	\$11	\$33	\$15
California	\$10	\$30	\$16	\$48	\$30
Colorado	\$10	\$30	\$16	\$48	\$30
Connecticut	\$12	\$36	\$18	\$54	\$36
Delaware	\$9	\$27	\$15	\$45	\$27
District of Columbia	\$9	\$27	\$15	\$45	\$27
Florida	\$10	\$30	\$16	\$48	\$30
Georgia	\$9	\$27	\$15	\$45	\$27
Hawaii	\$12	\$36	\$18	\$54	\$36
Idaho	\$6	\$18	\$12	\$36	\$18
Illinois	\$9	\$27	\$15	\$45	\$27
Indiana	\$8	\$24	\$14	\$42	\$24
Iowa	\$5	\$15	\$11	\$33	\$15
Kansas	\$6	\$18	\$12	\$36	\$18
Kentucky	\$8	\$24	\$14	\$42	\$24
Louisiana	\$7	\$21	\$13	\$39	\$21
Maine	\$8	\$24	\$14	\$42	\$24
Maryland	\$9	\$27	\$15	\$45	\$27
Massachusetts	\$12	\$36	\$18	\$54	\$36
Michigan	\$8	\$24	\$14	\$42	\$24
Minnesota	\$5	\$15	\$11	\$33	\$15
Mississippi	\$6	\$18	\$12	\$36	\$18
Missouri	\$6	\$18	\$12	\$36	\$18
Montana	\$5	\$15	\$11	\$33	\$15
Nebraska	\$5	\$15	\$11	\$33	\$15
Nevada	\$9	\$27	\$15	\$45	\$27
New Hampshire	\$8	\$24	\$14	\$42	\$24
New Jersey	\$11	\$33	\$17	\$51	\$33
New Mexico	\$8	\$24	\$14	\$42	\$24
North Carolina	\$8	\$24	\$14	\$42	\$24
North Dakota	\$5	\$15	\$11	\$33	\$15

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	\$10	\$30	\$16	\$48	\$30
Oklahoma	\$6	\$18	\$12	\$36	\$18
Oregon	\$6	\$18	\$12	\$36	\$18
Pennsylvania	\$9	\$27	\$15	\$45	\$27
Rhode Island	\$12	\$36	\$18	\$54	\$36
South Carolina	\$11	\$33	\$17	\$51	\$33
South Dakota	\$5	\$15	\$11	\$33	\$15
Tennessee	\$8	\$24	\$14	\$42	\$24
Texas	\$10	\$30	\$16	\$48	\$30
Utah	\$6	\$18	\$12	\$36	\$18
Vermont	\$12	\$36	\$18	\$54	\$36
Virginia	\$10	\$30	\$16	\$48	\$30
Washington	\$6	\$18	\$12	\$36	\$18
West Virginia	\$9	\$27	\$15	\$45	\$27
Wisconsin	\$5	\$15	\$11	\$33	\$15
Wyoming	\$5	\$15	\$11	\$33	\$15

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	\$42	\$126	\$47	\$141	\$126
Alaska	\$42	\$126	\$47	\$141	\$126
Arizona	\$42	\$126	\$47	\$141	\$126
Arkansas	\$40	\$120	\$45	\$135	\$120
California	\$42	\$126	\$47	\$141	\$126
Colorado	\$42	\$126	\$47	\$141	\$126
Connecticut	\$42	\$126	\$47	\$141	\$126
Delaware	\$42	\$126	\$47	\$141	\$126
District of Columbia	\$42	\$126	\$47	\$141	\$126
Florida	\$42	\$126	\$47	\$141	\$126
Georgia	\$42	\$126	\$47	\$141	\$126
Hawaii	\$42	\$126	\$47	\$141	\$126
Idaho	\$42	\$126	\$47	\$141	\$126

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
Illinois	\$42	\$126	\$47	\$141	\$126
Indiana	\$42	\$126	\$47	\$141	\$126
Iowa	\$42	\$126	\$47	\$141	\$126
Kansas	\$42	\$126	\$47	\$141	\$126
Kentucky	\$42	\$126	\$47	\$141	\$126
Louisiana	\$42	\$126	\$47	\$141	\$126
Maine	\$42	\$126	\$47	\$141	\$126
Maryland	\$42	\$126	\$47	\$141	\$126
Massachusetts	\$42	\$126	\$47	\$141	\$126
Michigan	\$42	\$126	\$47	\$141	\$126
Minnesota	\$42	\$126	\$47	\$141	\$126
Mississippi	\$42	\$126	\$47	\$141	\$126
Missouri	\$42	\$126	\$47	\$141	\$126
Montana	\$42	\$126	\$47	\$141	\$126
Nebraska	\$42	\$126	\$47	\$141	\$126
Nevada	\$42	\$126	\$47	\$141	\$126
New Hampshire	\$42	\$126	\$47	\$141	\$126
New Jersey	\$42	\$126	\$47	\$141	\$126
New Mexico	\$42	\$126	\$47	\$141	\$126
North Carolina	\$42	\$126	\$47	\$141	\$126
North Dakota	\$42	\$126	\$47	\$141	\$126
Ohio	\$42	\$126	\$47	\$141	\$126
Oklahoma	\$42	\$126	\$47	\$141	\$126
Oregon	\$42	\$126	\$47	\$141	\$126
Pennsylvania	\$42	\$126	\$47	\$141	\$126
Rhode Island	\$42	\$126	\$47	\$141	\$126
South Carolina	\$42	\$126	\$47	\$141	\$126
South Dakota	\$42	\$126	\$47	\$141	\$126
Tennessee	\$42	\$126	\$47	\$141	\$126
Texas	\$42	\$126	\$47	\$141	\$126
Utah	\$42	\$126	\$47	\$141	\$126
Vermont	\$42	\$126	\$47	\$141	\$126
Virginia	\$42	\$126	\$47	\$141	\$126
Washington	\$42	\$126	\$47	\$141	\$126
West Virginia	\$42	\$126	\$47	\$141	\$126
Wisconsin	\$42	\$126	\$47	\$141	\$126
Wyoming	\$42	\$126	\$47	\$141	\$126

Value Plan

Refer to the tables that follow for Tier 3 and Tier 4 cost-sharing for your state.

Value 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	\$25	\$75	\$30	\$90	\$75
Alaska	\$25	\$75	\$30	\$90	\$75
Arizona	\$29	\$87	\$34	\$102	\$87
Arkansas	\$25	\$75	\$30	\$90	\$75
California	\$25	\$75	\$30	\$90	\$75
Colorado	\$27	\$81	\$32	\$96	\$81
Connecticut	\$25	\$75	\$30	\$90	\$75
Delaware	\$25	\$75	\$30	\$90	\$75
District of Columbia	\$25	\$75	\$30	\$90	\$75
Florida	\$25	\$75	\$30	\$90	\$75
Georgia	\$25	\$75	\$30	\$90	\$75
Hawaii	\$25	\$75	\$30	\$90	\$75
Idaho	\$25	\$75	\$30	\$90	\$75
Illinois	\$25	\$75	\$30	\$90	\$75
Indiana	\$25	\$75	\$30	\$90	\$75
Iowa	\$25	\$75	\$30	\$90	\$75
Kansas	\$25	\$75	\$30	\$90	\$75
Kentucky	\$25	\$75	\$30	\$90	\$75
Louisiana	\$25	\$75	\$30	\$90	\$75
Maine	\$25	\$75	\$30	\$90	\$75
Maryland	\$25	\$75	\$30	\$90	\$75
Massachusetts	\$25	\$75	\$30	\$90	\$75
Michigan	\$25	\$75	\$30	\$90	\$75
Minnesota	\$25	\$75	\$30	\$90	\$75
Mississippi	\$25	\$75	\$30	\$90	\$75
Missouri	\$25	\$75	\$30	\$90	\$75
Montana	\$25	\$75	\$30	\$90	\$75
Nebraska	\$25	\$75	\$30	\$90	\$75
Nevada	\$25	\$75	\$30	\$90	\$75
New Hampshire	\$25	\$75	\$30	\$90	\$75
New Jersey	\$28	\$84	\$33	\$99	\$84
New Mexico	\$25	\$75	\$30	\$90	\$75
North Carolina	\$25	\$75	\$30	\$90	\$75
North Dakota	\$25	\$75	\$30	\$90	\$75

Value 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
Ohio	\$27	\$81	\$32	\$96	\$81
Oklahoma	\$25	\$75	\$30	\$90	\$75
Oregon	\$25	\$75	\$30	\$90	\$75
Pennsylvania	\$25	\$75	\$30	\$90	\$75
Rhode Island	\$25	\$75	\$30	\$90	\$75
South Carolina	\$27	\$81	\$32	\$96	\$81
South Dakota	\$25	\$75	\$30	\$90	\$75
Tennessee	\$25	\$75	\$30	\$90	\$75
Texas	\$26	\$78	\$31	\$93	\$78
Utah	\$25	\$75	\$30	\$90	\$75
Vermont	\$25	\$75	\$30	\$90	\$75
Virginia	\$27	\$81	\$32	\$96	\$81
Washington	\$25	\$75	\$30	\$90	\$75
West Virginia	\$25	\$75	\$30	\$90	\$75
Wisconsin	\$25	\$75	\$30	\$90	\$75
Wyoming	\$25	\$75	\$30	\$90	\$75

Value Plan – Tier 4 Initial Coverage Cost-Sharing by State

State	Preferred Pharmacy	Standard Pharmacy	Preferred Mail Order
	30-day supply	30-day supply	30-day supply
Alabama	46%	48%	46%
Alaska	41%	43%	41%
Arizona	48%	50%	48%
Arkansas	39%	41%	39%
California	46%	48%	46%
Colorado	48%	50%	48%
Connecticut	48%	50%	48%
Delaware	47%	49%	47%
District of Columbia	47%	49%	47%
Florida	48%	50%	48%
Georgia	47%	49%	47%
Hawaii	48%	50%	48%
Idaho	44%	46%	44%
Illinois	48%	50%	48%
Indiana	47%	49%	47%
Iowa	41%	43%	41%

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

State	Preferred Pharmacy	Standard Pharmacy	Preferred Mail Order
	30-day supply	30-day supply	30-day supply
Kansas	46%	48%	46%
Kentucky	47%	49%	47%
Louisiana	43%	45%	43%
Maine	45%	47%	45%
Maryland	47%	49%	47%
Massachusetts	48%	50%	48%
Michigan	44%	46%	44%
Minnesota	41%	43%	41%
Mississippi	44%	46%	44%
Missouri	43%	45%	43%
Montana	41%	43%	41%
Nebraska	41%	43%	41%
Nevada	48%	50%	48%
New Hampshire	45%	47%	45%
New Jersey	48%	50%	48%
New Mexico	42%	44%	42%
North Carolina	47%	49%	47%
North Dakota	41%	43%	41%
Ohio	48%	50%	48%
Oklahoma	43%	45%	43%
Oregon	43%	45%	43%
Pennsylvania	48%	50%	48%
Rhode Island	48%	50%	48%
South Carolina	48%	50%	48%
South Dakota	41%	43%	41%
Tennessee	46%	48%	46%
Texas	48%	50%	48%
Utah	44%	46%	44%
Vermont	48%	50%	48%
Virginia	48%	50%	48%
Washington	43%	45%	43%
West Virginia	48%	50%	48%
Wisconsin	42%	44%	42%
Wyoming	41%	43%	41%

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 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.

Mutual of Omaha Rx's pharmacy network includes limited lower-cost, preferred pharmacies in rural areas in Alaska. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at **1.800.961.9006**; TTY: **1.800.584.6939**, or consult the online pharmacy directory at **MutualofOmahaRx.com/2020network**.

Express Scripts is the pharmacy benefit manager for Mutual of Omaha Rx and will be providing some services on behalf of Mutual of Omaha Rx.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.961.9006** (TTY: **1.800.584.6939**).