

Mutual of Omaha Rx

| **Plus Plan** | **Premier Plan** |
S7126

2021 Summary of Benefits

January 1, 2021 – December 31, 2021



This booklet gives you a summary of what **Mutual of Omaha RxSM** (PDP) Plus and Premier 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/2021documents** 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 7 p.m. Central, Monday through Friday, and 9 a.m. to 6 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 2021 formulary online for each of our plans, as well as any restrictions, at **MutualofOmahaRx.com/2021formulary**.



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/2021network**.

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 Express Scripts Pharmacy®, as well as other home delivery pharmacies, 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 and I/T/U 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 pages 3 – 4.
- **Initial Coverage Stage**
This stage begins after you pay your yearly deductible. You remain in this stage until your total yearly drug costs reach \$4,130. (Total yearly drug costs include the total drug costs paid by you and any Part D plan since the calendar year began.) Refer to pages 3 – 4 to see the amounts you pay.
- **Coverage Gap (or Donut Hole) Stage**
This stage begins after your total yearly drug costs exceed \$4,130. **Most members do not reach the Coverage Gap.** If you reach this stage, you will pay 25% of the total drug cost on all tiers, excluding dispensing and any vaccine administration fees for brand drugs, until your year-to-date out-of-pocket costs total \$6,550.
- **Catastrophic Coverage Stage**
This stage begins after your year-to-date out-of-pocket costs exceed \$6,550. During this stage, you pay the greater of \$3.70 or 5% of the cost for generic drugs, and the greater of \$9.20 or 5% of the cost for all other drugs.

Part D Senior Savings Model - Additional Coverage on Select Tier 3 Insulins

For the Premier plan, there is no deductible on select Tier 3 insulins. You will pay \$25 for a 1-month supply at all in-network pharmacies or \$75 for a 3-month supply at retail and home delivery network pharmacies during the Initial Coverage and Coverage Gap stages. To see which Tier 3 insulins have additional coverage, review our online formulary at [MutualofOmahaRx.com/2021formulary](https://www.mutualofomaharx.com/2021formulary). If you receive "Extra Help," you do not qualify for this program, and your Low-Income Subsidy (LIS) deductible and/or copay levels will apply.

Plus Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$68.00 – \$100.00

Please refer to the chart below for the premium amount in your state.

Annual Deductible: \$445

Initial Coverage Stage	Preferred Retail Pharmacy		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	\$5 copay	\$15 copay
Tier 2 Generic Drugs	Copay varies by state. Please refer to the table on pages 5 – 6.				
Tier 3 Preferred Brand Drugs	18% - 22% Coinsurance varies by state. Please refer to the table on pages 6 – 7.				
Tier 4 Non-Preferred Drugs	34% - 41% Coinsurance varies by state. Please refer to the table on pages 7 – 8. (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	\$81.50	Kentucky	\$68.00	Ohio	\$74.00
Alaska	\$93.70	Louisiana	\$89.80	Oklahoma	\$93.70
Arizona	\$97.50	Maine	\$99.40	Oregon	\$91.90
Arkansas	\$77.60	Maryland	\$97.50	Pennsylvania	\$74.00
California	\$100.00	Massachusetts	\$87.10	Rhode Island	\$87.10
Colorado	\$100.00	Michigan	\$77.90	South Carolina	\$100.00
Connecticut	\$87.10	Minnesota	\$75.10	South Dakota	\$75.10
Delaware	\$97.50	Mississippi	\$74.00	Tennessee	\$81.50
District of Columbia	\$97.50	Missouri	\$75.60	Texas	\$83.80
Florida	\$86.00	Montana	\$75.10	Utah	\$79.70
Georgia	\$89.60	Nebraska	\$75.10	Vermont	\$87.10
Hawaii	\$78.30	Nevada	\$82.50	Virginia	\$85.50
Idaho	\$79.70	New Hampshire	\$99.40	Washington	\$91.90
Illinois	\$73.90	New Jersey	\$97.70	West Virginia	\$74.00
Indiana	\$68.00	New Mexico	\$85.00	Wisconsin	\$86.60
Iowa	\$75.10	North Carolina	\$84.20	Wyoming	\$75.10
Kansas	\$74.00	North Dakota	\$75.10		

Premier Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$23.00 – \$29.00

Please refer to the chart below for the premium amount in your state.

Annual Deductible: \$0 for Tiers 1 & 2 Drugs; \$445 for Tiers 3*, 4 & 5 Drugs

Initial Coverage Stage	Preferred Retail Pharmacy		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	\$2 copay	\$6 copay	\$6 copay	\$10 copay	\$30 copay
Tier 3 Preferred Brand Drugs	Hawaii: 21% All other states: 23%			Hawaii: 23% All other states: 25%	
Tier 3 Select Insulins* Preferred Brand Drugs	\$25 copay	\$75 copay	\$75 copay	\$25 copay	\$75 copay
Tier 4 Non-Preferred Drugs	36% - 49% 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)				

Premier Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$25.60	Kentucky	\$23.60	Ohio	\$23.60
Alaska	\$29.00	Louisiana	\$25.70	Oklahoma	\$28.00
Arizona	\$23.00	Maine	\$23.90	Oregon	\$24.90
Arkansas	\$24.70	Maryland	\$24.20	Pennsylvania	\$24.80
California	\$24.00	Massachusetts	\$25.10	Rhode Island	\$25.10
Colorado	\$26.90	Michigan	\$23.00	South Carolina	\$25.80
Connecticut	\$25.10	Minnesota	\$23.00	South Dakota	\$23.00
Delaware	\$24.20	Mississippi	\$25.90	Tennessee	\$25.60
District of Columbia	\$24.20	Missouri	\$24.20	Texas	\$23.60
Florida	\$25.90	Montana	\$23.00	Utah	\$24.80
Georgia	\$26.00	Nebraska	\$23.00	Vermont	\$25.10
Hawaii	\$25.00	Nevada	\$23.00	Virginia	\$24.90
Idaho	\$24.80	New Hampshire	\$23.90	Washington	\$24.90
Illinois	\$23.00	New Jersey	\$26.00	West Virginia	\$24.80
Indiana	\$23.60	New Mexico	\$25.00	Wisconsin	\$24.00
Iowa	\$23.00	North Carolina	\$25.00	Wyoming	\$23.00
Kansas	\$23.00	North Dakota	\$23.00		

* Refer to page 2 for more information. If you receive "Extra Help," this information does not apply to you.

Plus Plan

Refer to the tables that follow for Tier 2, Tier 3 and Tier 4 cost-sharing for your state.

Plus Plan – Tier 2 Initial Coverage Cost-Sharing by State					
State	Preferred Pharmacy		Standard Pharmacy		Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Alabama	\$2	\$6	\$8	\$24	\$6
Alaska	\$2	\$6	\$7	\$21	\$6
Arizona	\$2	\$6	\$8	\$24	\$6
Arkansas	\$2	\$6	\$8	\$24	\$6
California	\$2	\$6	\$7	\$21	\$6
Colorado	\$2	\$6	\$7	\$21	\$6
Connecticut	\$2	\$6	\$8	\$24	\$6
Delaware	\$2	\$6	\$8	\$24	\$6
District of Columbia	\$2	\$6	\$8	\$24	\$6
Florida	\$2	\$6	\$8	\$24	\$6
Georgia	\$2	\$6	\$8	\$24	\$6
Hawaii	\$2	\$6	\$8	\$24	\$6
Idaho	\$2	\$6	\$8	\$24	\$6
Illinois	\$2	\$6	\$8	\$24	\$6
Indiana	\$3	\$9	\$9	\$27	\$9
Iowa	\$2	\$6	\$8	\$24	\$6
Kansas	\$2	\$6	\$8	\$24	\$6
Kentucky	\$3	\$9	\$9	\$27	\$9
Louisiana	\$2	\$6	\$8	\$24	\$6
Maine	\$2	\$6	\$8	\$24	\$6
Maryland	\$2	\$6	\$8	\$24	\$6
Massachusetts	\$2	\$6	\$8	\$24	\$6
Michigan	\$2	\$6	\$8	\$24	\$6
Minnesota	\$2	\$6	\$8	\$24	\$6
Mississippi	\$2	\$6	\$8	\$24	\$6
Missouri	\$2	\$6	\$8	\$24	\$6
Montana	\$2	\$6	\$8	\$24	\$6
Nebraska	\$2	\$6	\$8	\$24	\$6
Nevada	\$2	\$6	\$8	\$24	\$6
New Hampshire	\$2	\$6	\$8	\$24	\$6
New Jersey	\$2	\$6	\$8	\$24	\$6
New Mexico	\$2	\$6	\$7	\$21	\$6
North Carolina	\$2	\$6	\$8	\$24	\$6
North Dakota	\$2	\$6	\$8	\$24	\$6

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

State	Preferred Pharmacy		Standard Pharmacy		Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Ohio	\$2	\$6	\$8	\$24	\$6
Oklahoma	\$2	\$6	\$7	\$21	\$6
Oregon	\$2	\$6	\$7	\$21	\$6
Pennsylvania	\$2	\$6	\$8	\$24	\$6
Rhode Island	\$2	\$6	\$8	\$24	\$6
South Carolina	\$2	\$6	\$8	\$24	\$6
South Dakota	\$2	\$6	\$8	\$24	\$6
Tennessee	\$2	\$6	\$8	\$24	\$6
Texas	\$2	\$6	\$8	\$24	\$6
Utah	\$2	\$6	\$8	\$24	\$6
Vermont	\$2	\$6	\$8	\$24	\$6
Virginia	\$2	\$6	\$8	\$24	\$6
Washington	\$2	\$6	\$7	\$21	\$6
West Virginia	\$2	\$6	\$8	\$24	\$6
Wisconsin	\$2	\$6	\$8	\$24	\$6
Wyoming	\$2	\$6	\$8	\$24	\$6

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

State	Preferred Pharmacy		Standard Pharmacy		Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Alabama	20%	20%	22%	22%	20%
Alaska	18%	18%	20%	20%	18%
Arizona	20%	20%	22%	22%	20%
Arkansas	20%	20%	22%	22%	20%
California	20%	20%	22%	22%	20%
Colorado	18%	18%	20%	20%	18%
Connecticut	20%	20%	22%	22%	20%
Delaware	20%	20%	22%	22%	20%
District of Columbia	20%	20%	22%	22%	20%
Florida	20%	20%	22%	22%	20%
Georgia	20%	20%	22%	22%	20%
Hawaii	20%	20%	22%	22%	20%
Idaho	20%	20%	22%	22%	20%
Illinois	20%	20%	22%	22%	20%

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

State	Preferred Pharmacy		Standard Pharmacy		Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Indiana	20%	20%	22%	22%	20%
Iowa	20%	20%	22%	22%	20%
Kansas	20%	20%	22%	22%	20%
Kentucky	20%	20%	22%	22%	20%
Louisiana	20%	20%	22%	22%	20%
Maine	20%	20%	22%	22%	20%
Maryland	20%	20%	22%	22%	20%
Massachusetts	20%	20%	22%	22%	20%
Michigan	20%	20%	22%	22%	20%
Minnesota	20%	20%	22%	22%	20%
Mississippi	20%	20%	22%	22%	20%
Missouri	20%	20%	22%	22%	20%
Montana	20%	20%	22%	22%	20%
Nebraska	20%	20%	22%	22%	20%
Nevada	20%	20%	22%	22%	20%
New Hampshire	20%	20%	22%	22%	20%
New Jersey	20%	20%	22%	22%	20%
New Mexico	18%	18%	20%	20%	18%
North Carolina	20%	20%	22%	22%	20%
North Dakota	20%	20%	22%	22%	20%
Ohio	20%	20%	22%	22%	20%
Oklahoma	20%	20%	22%	22%	20%
Oregon	18%	18%	20%	20%	18%
Pennsylvania	20%	20%	22%	22%	20%
Rhode Island	20%	20%	22%	22%	20%
South Carolina	20%	20%	22%	22%	20%
South Dakota	20%	20%	22%	22%	20%
Tennessee	20%	20%	22%	22%	20%
Texas	20%	20%	22%	22%	20%
Utah	20%	20%	22%	22%	20%
Vermont	20%	20%	22%	22%	20%
Virginia	20%	20%	22%	22%	20%
Washington	18%	18%	20%	20%	18%
West Virginia	20%	20%	22%	22%	20%
Wisconsin	20%	20%	22%	22%	20%
Wyoming	20%	20%	22%	22%	20%

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

State	Preferred Pharmacy 30-day supply	Standard Pharmacy 30-day supply	Mail Order 30-day supply
Alabama	38%	40%	38%
Alaska	35%	37%	35%
Arizona	35%	37%	35%
Arkansas	37%	39%	37%
California	35%	37%	35%
Colorado	35%	37%	35%
Connecticut	39%	41%	39%
Delaware	34%	36%	34%
District of Columbia	34%	36%	34%
Florida	35%	37%	35%
Georgia	35%	37%	35%
Hawaii	37%	39%	37%
Idaho	35%	37%	35%
Illinois	39%	41%	39%
Indiana	37%	39%	37%
Iowa	37%	39%	37%
Kansas	37%	39%	37%
Kentucky	37%	39%	37%
Louisiana	36%	38%	36%
Maine	36%	38%	36%
Maryland	34%	36%	34%
Massachusetts	39%	41%	39%
Michigan	38%	40%	38%
Minnesota	37%	39%	37%
Mississippi	37%	39%	37%
Missouri	37%	39%	37%
Montana	37%	39%	37%
Nebraska	37%	39%	37%
Nevada	36%	38%	36%
New Hampshire	36%	38%	36%
New Jersey	35%	37%	35%
New Mexico	36%	38%	36%
North Carolina	38%	40%	38%
North Dakota	37%	39%	37%
Ohio	36%	38%	36%
Oklahoma	34%	36%	34%
Oregon	36%	38%	36%

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

State	Preferred Pharmacy 30-day supply	Standard Pharmacy 30-day supply	Mail Order 30-day supply
Pennsylvania	39%	41%	39%
Rhode Island	39%	41%	39%
South Carolina	34%	36%	34%
South Dakota	37%	39%	37%
Tennessee	38%	40%	38%
Texas	36%	38%	36%
Utah	35%	37%	35%
Vermont	39%	41%	39%
Virginia	38%	40%	38%
Washington	36%	38%	36%
West Virginia	39%	41%	39%
Wisconsin	37%	39%	37%
Wyoming	37%	39%	37%

Premier Plan

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

Premier Plan – Tier 4 Initial Coverage Cost-Sharing by State			
State	Preferred Pharmacy 30-day supply	Standard Pharmacy 30-day supply	Mail Order 30-day supply
Alabama	46%	48%	46%
Alaska	36%	38%	36%
Arizona	44%	46%	44%
Arkansas	45%	47%	45%
California	44%	46%	44%
Colorado	40%	42%	40%
Connecticut	45%	47%	45%
Delaware	43%	45%	43%
District of Columbia	43%	45%	43%
Florida	44%	46%	44%
Georgia	44%	46%	44%
Hawaii	44%	46%	44%
Idaho	44%	46%	44%
Illinois	45%	47%	45%
Indiana	46%	48%	46%
Iowa	46%	48%	46%
Kansas	47%	49%	47%
Kentucky	46%	48%	46%
Louisiana	41%	43%	41%
Maine	44%	46%	44%
Maryland	43%	45%	43%
Massachusetts	45%	47%	45%
Michigan	44%	46%	44%
Minnesota	46%	48%	46%
Mississippi	45%	47%	45%
Missouri	44%	46%	44%
Montana	46%	48%	46%
Nebraska	46%	48%	46%
Nevada	45%	47%	45%
New Hampshire	44%	46%	44%
New Jersey	45%	47%	45%
New Mexico	40%	42%	40%
North Carolina	45%	47%	45%
North Dakota	46%	48%	46%
Ohio	44%	46%	44%

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

State	Preferred Pharmacy 30-day supply	Standard Pharmacy 30-day supply	Mail Order 30-day supply
Oklahoma	42%	44%	42%
Oregon	41%	43%	41%
Pennsylvania	45%	47%	45%
Rhode Island	45%	47%	45%
South Carolina	45%	47%	45%
South Dakota	46%	48%	46%
Tennessee	46%	48%	46%
Texas	45%	47%	45%
Utah	44%	46%	44%
Vermont	45%	47%	45%
Virginia	44%	46%	44%
Washington	41%	43%	41%
West Virginia	45%	47%	45%
Wisconsin	46%	48%	46%
Wyoming	46%	48%	46%

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/2021network**.

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**).