



| Plus Plan | Premier Plan |  
S7126

## 2022 Summary of Benefits

January 1, 2022 – December 31, 2022



This booklet gives you a summary of what **Mutual of Omaha Rx<sup>SM</sup>** (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/2022documents** 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: **711**

#### Hours of Operation:

##### October 1 – March 31

8 a.m. to 8 p.m., 7 days a week, except Thanksgiving and Christmas

##### April 1 – September 30

8 a.m. to 8 p.m., 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**

#### Hours of Operation:

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 2022 formulary online for each of our plans, as well as any restrictions, at **MutualofOmahaRx.com/2022formulary**.



### 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/2022network**.

## 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 \$4,430. (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 \$4,430. **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 \$7,050. (Except Select Insulins on Tier 3 – see below.)
- **Catastrophic Coverage Stage**  
This stage begins after your year-to-date out-of-pocket costs exceed \$7,050. During this stage, you pay the greater of \$3.95 or 5% of the cost for generic drugs, and the greater of \$9.85 or 5% of the cost for all other drugs.

## Additional Coverage on Select Insulins on Tier 3

**For the Premier plan**, there is no deductible on Select Insulins on Tier 3. You will pay \$25 for a 1-month supply and \$75 for a 3-month supply at preferred network pharmacies, or \$35 for a 1-month supply and \$105 for a 3-month supply at standard 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/2022formulary](https://MutualofOmahaRx.com/2022formulary). 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 \$76.00 – \$106.90**

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

**Annual Deductible: \$480**

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
<b>Tier 1</b> Preferred Generic Drugs	\$1 copay	\$3 copay	\$3 copay	\$8 copay	\$24 copay
<b>Tier 2</b> Generic Drugs	\$3 copay	\$9 copay	\$9 copay	\$10 copay	\$30 copay
<b>Tier 3</b> Preferred Brand Drugs	16% – 22% Coinsurance varies by state. Please refer to the table on pages 5 – 6.				
<b>Tier 4</b> Non-Preferred Drugs	40% – 49% Coinsurance varies by state. Please refer to the table on pages 6 – 7. (30-day supply only)				
<b>Tier 5</b> Specialty Tier Drugs	25% of the cost (30-day supply only)				

## Plus Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$87.90	Kentucky	\$76.00	Ohio	\$81.60
Alaska	\$96.70	Louisiana	\$92.50	Oklahoma	\$84.60
Arizona	\$105.10	Maine	\$102.90	Oregon	\$99.90
Arkansas	\$88.00	Maryland	\$92.10	Pennsylvania	\$80.30
California	\$106.90	Massachusetts	\$97.20	Rhode Island	\$97.20
Colorado	\$101.40	Michigan	\$84.30	South Carolina	\$92.30
Connecticut	\$97.20	Minnesota	\$78.80	South Dakota	\$78.80
Delaware	\$92.10	Mississippi	\$79.00	Tennessee	\$87.90
District of Columbia	\$92.10	Missouri	\$79.30	Texas	\$89.60
Florida	\$93.30	Montana	\$78.80	Utah	\$83.50
Georgia	\$89.50	Nebraska	\$78.80	Vermont	\$97.20
Hawaii	\$93.30	Nevada	\$88.00	Virginia	\$92.80
Idaho	\$83.50	New Hampshire	\$102.90	Washington	\$99.90
Illinois	\$78.20	New Jersey	\$91.70	West Virginia	\$80.30
Indiana	\$76.00	New Mexico	\$95.40	Wisconsin	\$92.50
Iowa	\$78.80	North Carolina	\$80.20	Wyoming	\$78.80
Kansas	\$81.40	North Dakota	\$78.80		

## Premier Plan Benefit Overview

### MONTHLY PREMIUM: RANGES FROM \$30.40 – \$37.10

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

**Annual Deductible: \$0 for Tiers 1 & 2 Drugs;**

**\$480 for Tiers 3 (except Select Insulins\*), 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
<b>Tier 1</b> Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$7 copay	\$21 copay
<b>Tier 2</b> Generic Drugs	\$13 copay	\$39 copay	\$39 copay	\$20 copay	\$60 copay
<b>Tier 3</b> Preferred Brand Drugs	23% coinsurance	23% coinsurance	23% coinsurance	25% coinsurance	25% coinsurance
<b>Tier 3 Select Insulins*</b> Preferred Brand Drugs	\$25 copay	\$75 copay	\$75 copay	\$35 copay	\$105 copay
<b>Tier 4</b> Non-Preferred Drugs	41% – 50% Coinsurance varies by state. Please refer to the table on pages 8 – 9. (30-day supply only)				
<b>Tier 5</b> Specialty Tier Drugs	25% of the cost (30-day supply only)				

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

## Premier Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$35.90	Kentucky	\$34.90	Ohio	\$34.40
Alaska	\$30.40	Louisiana	\$33.10	Oklahoma	\$35.20
Arizona	\$34.00	Maine	\$34.40	Oregon	\$31.40
Arkansas	\$34.10	Maryland	\$35.50	Pennsylvania	\$35.90
California	\$35.20	Massachusetts	\$35.10	Rhode Island	\$35.10
Colorado	\$33.80	Michigan	\$34.20	South Carolina	\$37.00
Connecticut	\$35.10	Minnesota	\$34.00	South Dakota	\$34.00
Delaware	\$35.50	Mississippi	\$35.30	Tennessee	\$35.90
District of Columbia	\$35.50	Missouri	\$35.40	Texas	\$34.70
Florida	\$35.20	Montana	\$34.00	Utah	\$35.30
Georgia	\$35.40	Nebraska	\$34.00	Vermont	\$35.10
Hawaii	\$34.00	Nevada	\$34.00	Virginia	\$35.00
Idaho	\$35.30	New Hampshire	\$34.40	Washington	\$31.40
Illinois	\$34.10	New Jersey	\$37.10	West Virginia	\$35.90
Indiana	\$34.90	New Mexico	\$31.80	Wisconsin	\$35.00
Iowa	\$34.00	North Carolina	\$35.80	Wyoming	\$34.00
Kansas	\$34.10	North Dakota	\$34.00		

## Plus Plan

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

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	19%	19%	21%	21%	19%
Alaska	16%	16%	18%	18%	16%
Arizona	19%	19%	21%	21%	19%
Arkansas	19%	19%	21%	21%	19%
California	17%	17%	19%	19%	17%
Colorado	17%	17%	19%	19%	17%
Connecticut	19%	19%	21%	21%	19%
Delaware	18%	18%	20%	20%	18%
District of Columbia	18%	18%	20%	20%	18%
Florida	18%	18%	20%	20%	18%
Georgia	18%	18%	20%	20%	18%
Hawaii	18%	18%	20%	20%	18%
Idaho	19%	19%	21%	21%	19%
Illinois	19%	19%	21%	21%	19%
Indiana	18%	18%	20%	20%	18%
Iowa	17%	17%	19%	19%	17%
Kansas	17%	17%	19%	19%	17%
Kentucky	18%	18%	20%	20%	18%
Louisiana	18%	18%	20%	20%	18%
Maine	19%	19%	21%	21%	19%
Maryland	18%	18%	20%	20%	18%
Massachusetts	19%	19%	21%	21%	19%
Michigan	20%	20%	22%	22%	20%
Minnesota	17%	17%	19%	19%	17%
Mississippi	18%	18%	20%	20%	18%
Missouri	18%	18%	20%	20%	18%
Montana	17%	17%	19%	19%	17%
Nebraska	17%	17%	19%	19%	17%
Nevada	20%	20%	22%	22%	20%
New Hampshire	19%	19%	21%	21%	19%
New Jersey	18%	18%	20%	20%	18%
New Mexico	17%	17%	19%	19%	17%
North Carolina	19%	19%	21%	21%	19%
North Dakota	17%	17%	19%	19%	17%

**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
Ohio	19%	19%	21%	21%	19%
Oklahoma	17%	17%	19%	19%	17%
Oregon	16%	16%	18%	18%	16%
Pennsylvania	18%	18%	20%	20%	18%
Rhode Island	19%	19%	21%	21%	19%
South Carolina	20%	20%	22%	22%	20%
South Dakota	17%	17%	19%	19%	17%
Tennessee	19%	19%	21%	21%	19%
Texas	18%	18%	20%	20%	18%
Utah	19%	19%	21%	21%	19%
Vermont	19%	19%	21%	21%	19%
Virginia	19%	19%	21%	21%	19%
Washington	16%	16%	18%	18%	16%
West Virginia	18%	18%	20%	20%	18%
Wisconsin	17%	17%	19%	19%	17%
Wyoming	17%	17%	19%	19%	17%

**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	44%	46%	44%
Alaska	40%	42%	40%
Arizona	42%	44%	42%
Arkansas	43%	45%	43%
California	42%	44%	42%
Colorado	41%	43%	41%
Connecticut	43%	45%	43%
Delaware	45%	47%	45%
District of Columbia	45%	47%	45%
Florida	41%	43%	41%
Georgia	43%	45%	43%
Hawaii	44%	46%	44%
Idaho	42%	44%	42%
Illinois	41%	43%	41%

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

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



## 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	48%	50%	48%
Alaska	44%	46%	44%
Arizona	44%	46%	44%
Arkansas	45%	47%	45%
California	44%	46%	44%
Colorado	44%	46%	44%
Connecticut	45%	47%	45%
Delaware	42%	44%	42%
District of Columbia	42%	44%	42%
Florida	44%	46%	44%
Georgia	45%	47%	45%
Hawaii	41%	43%	41%
Idaho	43%	45%	43%
Illinois	44%	46%	44%
Indiana	45%	47%	45%
Iowa	44%	46%	44%
Kansas	45%	47%	45%
Kentucky	45%	47%	45%
Louisiana	45%	47%	45%
Maine	44%	46%	44%
Maryland	42%	44%	42%
Massachusetts	45%	47%	45%
Michigan	43%	45%	43%
Minnesota	44%	46%	44%
Mississippi	44%	46%	44%
Missouri	43%	45%	43%
Montana	44%	46%	44%
Nebraska	44%	46%	44%
Nevada	45%	47%	45%
New Hampshire	44%	46%	44%
New Jersey	44%	46%	44%
New Mexico	46%	48%	46%
North Carolina	43%	45%	43%
North Dakota	44%	46%	44%
Ohio	44%	46%	44%

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

<b>State</b>	<b>Preferred Pharmacy 30-day supply</b>	<b>Standard Pharmacy 30-day supply</b>	<b>Mail Order 30-day supply</b>
Oklahoma	46%	48%	46%
Oregon	46%	48%	46%
Pennsylvania	42%	44%	42%
Rhode Island	45%	47%	45%
South Carolina	46%	48%	46%
South Dakota	44%	46%	44%
Tennessee	48%	50%	48%
Texas	44%	46%	44%
Utah	43%	45%	43%
Vermont	45%	47%	45%
Virginia	44%	46%	44%
Washington	46%	48%	46%
West Virginia	42%	44%	42%
Wisconsin	44%	46%	44%
Wyoming	44%	46%	44%

---

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.

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: **711**, or consult the online pharmacy directory at **[MutualofOmahaRx.com/2022network](http://MutualofOmahaRx.com/2022network)**.

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: **711**).