



| Plus Plan | Essential Plan | Premier Plan
S7126

2023 Summary of Benefits

January 1, 2023 – December 31, 2023



This booklet gives you a summary of what **Mutual of Omaha RxSM** (PDP) Plus, Essential 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/2023documents 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 2023 formulary online for each of our plans, as well as any restrictions, at mutualofomaharx.com/2023formulary.



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/2023network.

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 – 5.
- **Initial Coverage Stage**
This stage begins after you pay your yearly deductible. You remain in this stage until your total yearly drug costs reach \$4,660. (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 – 5 to see the amounts you pay.
- **Coverage Gap (or Donut Hole) Stage**
This stage begins after your total yearly drug costs exceed \$4,660. **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 \$7,400. (Except Select Insulins on Tier 3 for the Premier plan – see below.)
- **Catastrophic Coverage Stage**
This stage begins after your year-to-date out-of-pocket costs exceed \$7,400. During this stage, you pay the greater of \$4.15 or 5% of the cost for generic drugs, and the greater of \$10.35 or 5% of the cost for all other drugs.

Additional Coverage on Select Insulins on Tier 3

For the Premier plan, we offer a \$25 copayment for a 1-month supply and \$75 for a 3-month supply of Select Insulins at preferred network pharmacies. To see which Tier 3 insulins have additional coverage, review our online formulary at mutualofomaharx.com/2023formulary.

Plus Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$75.30 – \$107.90

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

Annual Deductible: \$505

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	\$1 copay	\$3 copay	\$2.50 copay	\$8 copay	\$24 copay
Tier 2 Generic Drugs	\$5 copay	\$15 copay	\$12.50 copay	\$12 copay	\$36 copay
Tier 3 Preferred Brand Drugs	18% – 23% Coinsurance varies by state. Please refer to the table on pages 6 – 7.				
Tier 4* Non-Preferred Drugs	36% – 44%* Coinsurance varies by state. Please refer to the table on pages 7 – 8.				
Tier 5* Specialty Tier Drugs	25% of the cost*				

* Drugs on Tiers 4 and 5 are only available in a 30-day supply at retail or mail.

Plus Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$96.30	Kentucky	\$85.10	Ohio	\$79.80
Alaska	\$94.70	Louisiana	\$90.70	Oklahoma	\$82.80
Arizona	\$107.90	Maine	\$100.90	Oregon	\$98.00
Arkansas	\$86.00	Maryland	\$90.10	Pennsylvania	\$90.60
California	\$104.60	Massachusetts	\$95.60	Rhode Island	\$95.60
Colorado	\$100.10	Michigan	\$83.50	South Carolina	\$94.50
Connecticut	\$95.60	Minnesota	\$75.30	South Dakota	\$75.30
Delaware	\$90.10	Mississippi	\$86.50	Tennessee	\$96.30
District of Columbia	\$90.10	Missouri	\$86.60	Texas	\$98.50
Florida	\$91.30	Montana	\$75.30	Utah	\$91.00
Georgia	\$93.20	Nebraska	\$75.30	Vermont	\$95.60
Hawaii	\$91.80	Nevada	\$87.80	Virginia	\$91.10
Idaho	\$91.00	New Hampshire	\$100.90	Washington	\$98.00
Illinois	\$84.10	New Jersey	\$89.70	West Virginia	\$90.60
Indiana	\$85.10	New Mexico	\$93.30	Wisconsin	\$90.40
Iowa	\$75.30	North Carolina	\$78.20	Wyoming	\$75.30
Kansas	\$86.90	North Dakota	\$75.30		

Essential Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$18.10 – \$22.50

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

Annual Deductible: \$0 for Tier 1 Drugs; \$505 for Tiers 2, 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	\$15 copay	\$45 copay
Tier 2 Generic Drugs	\$15 copay	\$45 copay	\$37.50 copay	\$20 copay	\$60 copay
Tier 3 Preferred Brand Drugs	20% coinsurance	20% coinsurance	20% coinsurance	22% coinsurance	22% coinsurance
Tier 4* Non-Preferred Drugs	48% coinsurance	NA*	48% coinsurance*	50% coinsurance	NA*
Tier 5* Specialty Tier Drugs	25% of the cost*				

* Drugs on Tiers 4 and 5 are only available in a 30-day supply at retail or mail.

Essential Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$19.70	Kentucky	\$19.00	Ohio	\$18.30
Alaska	\$22.50	Louisiana	\$19.80	Oklahoma	\$21.60
Arizona	\$18.50	Maine	\$19.50	Oregon	\$18.30
Arkansas	\$19.50	Maryland	\$20.90	Pennsylvania	\$19.90
California	\$20.50	Massachusetts	\$20.40	Rhode Island	\$20.40
Colorado	\$21.30	Michigan	\$19.40	South Carolina	\$20.50
Connecticut	\$20.40	Minnesota	\$18.40	South Dakota	\$18.40
Delaware	\$20.90	Mississippi	\$19.30	Tennessee	\$19.70
District of Columbia	\$20.90	Missouri	\$19.10	Texas	\$19.60
Florida	\$20.20	Montana	\$18.40	Utah	\$19.30
Georgia	\$20.40	Nebraska	\$18.40	Vermont	\$20.40
Hawaii	\$20.70	Nevada	\$19.10	Virginia	\$19.50
Idaho	\$19.30	New Hampshire	\$19.50	Washington	\$18.30
Illinois	\$18.40	New Jersey	\$21.70	West Virginia	\$19.90
Indiana	\$19.00	New Mexico	\$18.10	Wisconsin	\$18.30
Iowa	\$18.40	North Carolina	\$19.90	Wyoming	\$18.40
Kansas	\$18.20	North Dakota	\$18.40		

Premier Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$52.10 – \$95.80

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

Annual Deductible: \$0 for Tiers 1 & 2 Drugs; \$505 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	\$1 copay	\$3 copay	\$2.50 copay	\$8 copay	\$24 copay
Tier 2 Generic Drugs	\$10 copay	\$30 copay	\$25 copay	\$17 copay	\$51 copay
Tier 3 Preferred Brand Drugs	\$45 copay	\$135 copay	\$112.50 copay	\$47 copay	\$141 copay
Tier 3 Select Insulins* Preferred Brand Drugs	\$25 copay	\$75 copay	\$75 copay	\$35 copay	\$105 copay
Tier 4** Non-Preferred Drugs	45% coinsurance	NA*	45% coinsurance*	47% coinsurance	NA*
Tier 5** Specialty Tier Drugs	25% of the cost*				

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

** Drugs on Tiers 4 and 5 are only available in a 30-day supply at retail or mail.

Premier Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$57.90	Kentucky	\$61.90	Ohio	\$73.70
Alaska	\$66.60	Louisiana	\$64.10	Oklahoma	\$53.30
Arizona	\$64.10	Maine	\$86.00	Oregon	\$59.40
Arkansas	\$58.30	Maryland	\$89.20	Pennsylvania	\$71.40
California	\$81.70	Massachusetts	\$94.20	Rhode Island	\$94.20
Colorado	\$95.50	Michigan	\$62.80	South Carolina	\$77.90
Connecticut	\$94.20	Minnesota	\$62.20	South Dakota	\$62.20
Delaware	\$89.20	Mississippi	\$80.00	Tennessee	\$57.90
District of Columbia	\$89.20	Missouri	\$56.00	Texas	\$81.70
Florida	\$95.80	Montana	\$62.20	Utah	\$64.50
Georgia	\$76.40	Nebraska	\$62.20	Vermont	\$94.20
Hawaii	\$66.70	Nevada	\$71.90	Virginia	\$74.90
Idaho	\$64.50	New Hampshire	\$86.00	Washington	\$59.40
Illinois	\$60.80	New Jersey	\$65.70	West Virginia	\$71.40
Indiana	\$61.90	New Mexico	\$52.10	Wisconsin	\$60.30
Iowa	\$62.20	North Carolina	\$63.20	Wyoming	\$62.20
Kansas	\$52.20	North Dakota	\$62.20		

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

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	20%	20%	22%	22%	20%
Oklahoma	18%	18%	20%	20%	18%
Oregon	19%	19%	21%	21%	19%
Pennsylvania	21%	21%	23%	23%	21%
Rhode Island	20%	20%	22%	22%	20%
South Carolina	20%	20%	22%	22%	20%
South Dakota	18%	18%	20%	20%	18%
Tennessee	18%	18%	20%	20%	18%
Texas	20%	20%	22%	22%	20%
Utah	19%	19%	21%	21%	19%
Vermont	20%	20%	22%	22%	20%
Virginia	21%	21%	23%	23%	21%
Washington	19%	19%	21%	21%	19%
West Virginia	21%	21%	23%	23%	21%
Wisconsin	18%	18%	20%	20%	18%
Wyoming	18%	18%	20%	20%	18%

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	37%	39%	37%
Arizona	38%	40%	38%
Arkansas	37%	39%	37%
California	36%	38%	36%
Colorado	37%	39%	37%
Connecticut	38%	40%	38%
Delaware	38%	40%	38%
District of Columbia	38%	40%	38%
Florida	36%	38%	36%
Georgia	37%	39%	37%
Hawaii	39%	41%	39%
Idaho	38%	40%	38%
Illinois	37%	39%	37%

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
Indiana	38%	40%	38%
Iowa	37%	39%	37%
Kansas	37%	39%	37%
Kentucky	38%	40%	38%
Louisiana	37%	39%	37%
Maine	40%	42%	40%
Maryland	38%	40%	38%
Massachusetts	38%	40%	38%
Michigan	36%	38%	36%
Minnesota	37%	39%	37%
Mississippi	38%	40%	38%
Missouri	38%	40%	38%
Montana	37%	39%	37%
Nebraska	37%	39%	37%
Nevada	39%	41%	39%
New Hampshire	40%	42%	40%
New Jersey	38%	40%	38%
New Mexico	36%	38%	36%
North Carolina	42%	44%	42%
North Dakota	37%	39%	37%
Ohio	39%	41%	39%
Oklahoma	38%	40%	38%
Oregon	37%	39%	37%
Pennsylvania	40%	42%	40%
Rhode Island	38%	40%	38%
South Carolina	37%	39%	37%
South Dakota	37%	39%	37%
Tennessee	38%	40%	38%
Texas	39%	41%	39%
Utah	38%	40%	38%
Vermont	38%	40%	38%
Virginia	39%	41%	39%
Washington	37%	39%	37%
West Virginia	40%	42%	40%
Wisconsin	36%	38%	36%
Wyoming	37%	39%	37%

* Drugs on Tier 4 are only available in a 30-day supply at retail or mail.

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](https://www.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.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. For the Premier plan, you will pay \$25 for Select Insulins on Tier 3 at preferred network pharmacies.

Mutual of Omaha Rx's pharmacy network includes limited lower-cost, preferred pharmacies in urban areas in Mississippi. 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/2023network.

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**).