

# Prescription Drug Overview 2019

## Plan Highlights\*

### Mutual of Omaha Rx Value<sup>SM</sup> (PDP) Enhanced Plan

- Low Monthly Premium
- \$0 Deductibles (Tiers 1 and 2)
- \$415 Deductibles (Tiers 3-5)
- \$1 Generics (Tier 1) at preferred pharmacies (30-day supply)
- \$2 Generics (Tier 1) with home delivery (90-day supply)
- Tighter formulary

### Mutual of Omaha Rx Plus<sup>SM</sup> (PDP) Basic Plan

- Broad prescription drug coverage
- \$415 Deductible (All Tiers)
- \$3 Generics (Tier 1) at preferred pharmacies (30-day supply)
- \$8 Generics (Tier 1) with home delivery (90-day supply)

Plan	Mutual of Omaha Rx Value <sup>SM</sup>			Mutual of Omaha Rx Plus <sup>SM</sup>		
Plan Type	(Skinny) Enhanced			Basic		
Deductible	Tier 1 - 2   \$0 Tier 3 - 5   \$415			\$415		
Initial Coverage Limit	\$3,820			\$3,820		
Gap coverage	Defined Standard			Defined Standard		
Cost-Sharing, Pharmacy Type and Days' Supply	Mutual of Omaha Rx Value			Mutual of Omaha Rx Plus		
	Preferred Retail 30-Days	Standard Retail 30-Days	Preferred Home Delivery 90-Days	Preferred Retail 30-Days	Standard Retail 30-Days	Preferred Home Delivery 90-Days
Tier 1: Preferred Generic	\$1	\$5	\$2	\$3	\$8	\$8
Tier 2: Generic	\$4	\$10	\$8	\$5-7	\$11-13	\$12-18
Tier 3: Preferred Brand	15%	18%	18%	\$21-37	\$31-47	\$58-106
Tier 4: Non-preferred Brand	32-38%	35-41%	35-41%**	48%	50%	48%**
Tier 5: Specialty	25%	25%	25%**	25%	25%	25%**

\*\* Only 30-day supplies are available for Tiers 4 & 5 Preferred home delivery



\* Available in all regions except NY & territories

Plan designs and service areas described in this document are pending government approval and are subject to change. Benefits reflect pending in-network cost sharing. Other limitations and exclusions may apply. Confidential property of Omaha Health Insurance Company. For producer use only. Not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of Omaha Health Insurance Company.

# Preferred Pharmacies

CVS preferred network, including: CVS, CVS-Target, Walmart, Kroger pharmacy, Safeway pharmacy and regional Rx networks.

## Premium and Region Details

Region	Region #	Mutual of Omaha Rx Value	Mutual of Omaha Rx Plus
NH, ME	01	\$27.10	\$48.10
CT, MA, RI, VT	02	\$26.40	\$41.20
NJ	04	\$26.40	\$41.40
DE, DC, MD	05	\$28.40	\$41.90
PA, WV	06	\$26.40	\$42.30
VA	07	\$27.00	\$41.50
NC	08	\$28.00	\$45.60
SC	09	\$26.70	\$41.70
GA	10	\$29.00	\$46.70
FL	11	\$29.30	\$44.40
AL, TN	12	\$28.80	\$45.40
MI	13	\$31.00	\$49.00
OH	14	\$24.70	\$39.10
IN, KY	15	\$27.00	\$41.90
WI	16	\$31.40	\$46.70
IL	17	\$28.10	\$45.80
MO	18	\$28.70	\$47.10
AR	19	\$33.60	\$51.60
MS	20	\$30.90	\$51.80
LA	21	\$32.10	\$52.30
TX	22	\$29.20	\$44.80
OK	23	\$29.50	\$46.10
KS	24	\$29.40	\$44.20
IA, MN, MT, ND, NE, SD, WY	25	\$30.20	\$47.00
NM	26	\$30.80	\$48.20
CO	27	\$24.80	\$37.00
AZ	28	\$25.20	\$38.10
NV	29	\$26.00	\$39.70
OR, WA	30	\$29.40	\$45.00
ID, UT	31	\$27.40	\$45.50
CA	32	\$27.60	\$43.30
HI	33	\$26.60	\$41.30
AK	34	\$28.00	\$49.00

Rates are subject to change.