



## Crunching the numbers: monthly premium & copays

This looks like a lot of information, but once you find your state or territory, you can focus on a single line.

This chart shows the monthly premiums for both the **SmartD Rx<sup>SM</sup> Saver** and **SmartD Rx<sup>SM</sup> Plus** plans along with the set amount you would pay (the copay) for a 30-day supply of your covered prescription in each of the tiers.

**A 90-day supply is only 2.5 times — not 3 times — the copay amount listed.**

Your state line also shows the difference in your copay if you go to a pharmacy in the Preferred Network or one in the **Non-Preferred Network**.

For Tier 5 (Specialty Drugs), you pay 25% coinsurance in both the **SmartD Rx Saver** and **SmartD Rx Plus** plans, whether you go to a Preferred Network pharmacy or a **Non-Preferred Network** pharmacy.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan.

Limitations, copayments and restrictions may apply.

You must continue to pay your Medicare Part B premium.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

Members may enroll in the plan only during specific times of the year. Contact SmartD Rx for more information.

SmartD Rx<sup>SM</sup> PDP is a Federally qualified Medicare contracting prescription drug plan offered by Smart Insurance Company in all 50 states and Puerto Rico.

This information is available for free in other languages. Please contact our Customer Service number at 1-855-5-SMART1 (TTY: 711), 24 hours a day, seven days a week.

S0064\_7996 <CMS Approved>

## 2013 Plan Design and Premiums

Plan information for:

SmartD Rx<sup>SM</sup> Saver (PDP)

SmartD Rx<sup>SM</sup> Plus (PDP)



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# Plan Design and Premiums

## SmartD Rx<sup>SM</sup> Saver

## SmartD Rx<sup>SM</sup> Plus

### 2013 PRICING 90-Day Supply Copays for Tiers 1 - 4 are 2.5 x 30-Day Supply Copays Presented Below

CMS Region Number	States in Region	Monthly Member Premium	Deductible	Initial Coverage Level	Preliminary Initial Coverage Copays/Coinsurance										Monthly Member Premium	Deductible	Initial Coverage Level
					Preferred Network					Non-Preferred Network							
					Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5			
	<b>Nationwide Median</b>	<b>\$33.20</b>	<b>\$325</b>	<b>\$2,970</b>	<b>\$0</b>	<b>\$20</b>	<b>\$32</b>	<b>\$85</b>	<b>25%</b>	<b>\$10</b>	<b>\$33</b>	<b>\$45</b>	<b>\$95</b>	<b>25%</b>	<b>\$72.10</b>	<b>\$0</b>	<b>\$2,970</b>
01	NH/ME	\$32.70	\$325	\$2,970	\$0	\$10	\$25	\$62	25%	\$10	\$33	\$45	\$95	25%	\$66.80	\$0	\$2,970
02	CT/MA/RI/VT	\$32.40	\$325	\$2,970	\$0	\$20	\$35	\$85	25%	\$10	\$33	\$45	\$95	25%	\$69.00	\$0	\$2,970
03	NY	\$40.70	\$325	\$2,970	\$0	\$20	\$35	\$85	25%	\$10	\$33	\$45	\$95	25%	\$66.30	\$0	\$2,970
04	NJ	\$35.50	\$325	\$2,970	\$0	\$20	\$35	\$81	25%	\$10	\$33	\$45	\$95	25%	\$65.90	\$0	\$2,970
05	DE/DC/MD	\$34.60	\$325	\$2,970	\$0	\$20	\$35	\$81	25%	\$10	\$33	\$45	\$95	25%	\$66.00	\$0	\$2,970
06	PA/WV	\$35.10	\$325	\$2,970	\$0	\$20	\$31	\$85	25%	\$10	\$33	\$45	\$95	25%	\$72.40	\$0	\$2,970
07	VA	\$31.00	\$325	\$2,970	\$0	\$20	\$31	\$84	25%	\$10	\$33	\$45	\$95	25%	\$72.80	\$0	\$2,970
08	NC	\$32.20	\$325	\$2,970	\$0	\$21	\$35	\$85	25%	\$10	\$33	\$45	\$95	25%	\$72.10	\$0	\$2,970
09	SC	\$36.80	\$325	\$2,970	\$0	\$20	\$33	\$81	25%	\$10	\$33	\$45	\$95	25%	\$69.80	\$0	\$2,970
10	GA	\$32.40	\$325	\$2,970	\$0	\$20	\$35	\$80	25%	\$10	\$33	\$45	\$95	25%	\$70.20	\$0	\$2,970
11	FL	\$30.40	\$325	\$2,970	\$0	\$24	\$35	\$85	25%	\$10	\$33	\$45	\$95	25%	\$71.10	\$0	\$2,970
12	AL/TN	\$33.20	\$325	\$2,970	\$0	\$20	\$34	\$85	25%	\$10	\$33	\$45	\$95	25%	\$76.00	\$0	\$2,970
13	MI	\$34.70	\$325	\$2,970	\$0	\$20	\$33	\$85	25%	\$10	\$33	\$45	\$95	25%	\$72.50	\$0	\$2,970
14	OH	\$30.20	\$325	\$2,970	\$0	\$20	\$32	\$85	25%	\$10	\$33	\$45	\$95	25%	\$70.80	\$0	\$2,970
15	IN/KY	\$35.70	\$325	\$2,970	\$0	\$20	\$32	\$85	25%	\$10	\$33	\$45	\$95	25%	\$77.60	\$0	\$2,970
16	WI	\$37.30	\$325	\$2,970	\$0	\$20	\$34	\$85	25%	\$10	\$33	\$45	\$95	25%	\$80.00	\$0	\$2,970
17	IL	\$29.60	\$325	\$2,970	\$0	\$20	\$33	\$85	25%	\$10	\$33	\$45	\$95	25%	\$72.50	\$0	\$2,970
18	MO	\$33.20	\$325	\$2,970	\$0	\$20	\$32	\$85	25%	\$10	\$33	\$45	\$95	25%	\$75.50	\$0	\$2,970
19	AR	\$32.40	\$325	\$2,970	\$0	\$20	\$30	\$77	25%	\$10	\$33	\$45	\$95	25%	\$69.60	\$0	\$2,970
20	MS	\$33.20	\$325	\$2,970	\$0	\$20	\$30	\$85	25%	\$10	\$33	\$45	\$95	25%	\$73.70	\$0	\$2,970
21	LA	\$36.30	\$325	\$2,970	\$0	\$20	\$30	\$77	25%	\$10	\$33	\$45	\$95	25%	\$73.40	\$0	\$2,970
22	TX	\$31.50	\$325	\$2,970	\$0	\$20	\$34	\$84	25%	\$10	\$33	\$45	\$95	25%	\$70.20	\$0	\$2,970
23	OK	\$32.20	\$325	\$2,970	\$0	\$20	\$35	\$85	25%	\$10	\$33	\$45	\$95	25%	\$76.00	\$0	\$2,970
24	KS	\$36.00	\$325	\$2,970	\$0	\$16	\$30	\$80	25%	\$10	\$33	\$45	\$95	25%	\$76.70	\$0	\$2,970
25	IA/MN/MT/ND/SD/NE/WY	\$35.70	\$325	\$2,970	\$0	\$15	\$30	\$80	25%	\$10	\$33	\$45	\$95	25%	\$73.60	\$0	\$2,970
26	NM	\$29.40	\$325	\$2,970	\$0	\$20	\$32	\$81	25%	\$10	\$33	\$45	\$95	25%	\$70.70	\$0	\$2,970
27	CO	\$33.20	\$325	\$2,970	\$0	\$20	\$31	\$85	25%	\$10	\$33	\$45	\$95	25%	\$73.50	\$0	\$2,970
28	AZ	\$29.20	\$325	\$2,970	\$0	\$20	\$32	\$79	25%	\$10	\$33	\$45	\$95	25%	\$65.80	\$0	\$2,970
29	NV	\$35.40	\$325	\$2,970	\$0	\$20	\$33	\$85	25%	\$10	\$33	\$45	\$95	25%	\$74.30	\$0	\$2,970
30	OR/WA	\$37.30	\$325	\$2,970	\$0	\$17	\$30	\$80	25%	\$10	\$33	\$45	\$95	25%	\$71.80	\$0	\$2,970
31	ID/UT	\$41.70	\$325	\$2,970	\$0	\$21	\$30	\$85	25%	\$10	\$33	\$45	\$95	25%	\$74.30	\$0	\$2,970
32	CA	\$31.40	\$325	\$2,970	\$0	\$20	\$32	\$85	25%	\$10	\$33	\$45	\$95	25%	\$73.00	\$0	\$2,970
33	HI	\$32.80	\$325	\$2,970	\$0	\$21	\$30	\$85	25%	\$10	\$33	\$45	\$95	25%	\$59.80	\$0	\$2,970
34	AK	\$34.10	\$325	\$2,970	\$0	\$10	\$25	\$55	25%	\$10	\$20	\$35	\$65	25%	\$68.50	\$0	\$2,970
38	PR	\$14.50	\$325	\$2,970	\$0	\$20	\$35	\$82	25%	\$10	\$33	\$45	\$95	25%	\$42.90	\$0	\$2,970

SmartD Rx Plus Differences: 1) Deductible is \$0 instead of \$325 2) Copays during ICL the same as in Saver Plan 3) During Coverage Gap, Tier 1 drugs cost same as during ICL (e.g., \$0/\$10 copays). Other tiers during Coverage Gap covered same as in Saver Plan 4) Coverage during Catastrophic Coverage same as in Saver Plan