Benefit Highlights

This is a short description of 2017 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan Costs

Plan Feature	AARP [®] MedicareRx Saver Plus (PDP)		AARP [®] MedicareRx Preferred (PDP)	
Monthly premium	\$47.40		\$70.60	
Annual prescription deductible	\$400		\$0	
Initial coverage stage	Preferred retail cost sharing (in- network 30- day supply)	Standard retail cost sharing (in- network 30- day supply)	Preferred retail cost sharing (in- network 30- day supply)	Standard retail cost sharing (in- network 30- day supply)
Tier 1: Preferred Generic Drugs	\$1 co-pay	\$6 co-pay	\$3 co-pay	\$6 co-pay
Tier 2: Generic Drugs	\$2 co-pay	\$10 co-pay	\$10 co-pay	\$15 co-pay
Tier 3: Preferred Brand Drugs	\$26 co-pay	\$43 co-pay	\$35 co-pay	\$38 co-pay
Tier 4: Non-Preferred Drugs	30% of the	35% of the cost	40% of the cost	50% of the cost
Tier 5: Specialty Tier Drugs	25% of the cost	25% of the cost	33% of the cost	33% of the cost
Coverage gap stage	After your total drug costs reach \$3,700, you will pay no more than 51% of the total cost for generic drugs or 40% of the total cost for brand name drugs, for any drug tier during the coverage gap			
Catastrophic coverage stage	After your total out-of-pocket costs reach \$4,950, you will pay the greater of \$3.30 co-pay for generic (including brand drugs treated as generic), \$8.25 co-pay for all other drugs, or 5% of the cost			
Formulary (drug list)	Includes most covered by Me and many com brand name dr	dicare Part D monly used	Includes most generic drugs covered by Medicare Part D and many commonly used brand name drugs	

Includes **\$0** for a 90-day supply of Tier 1 and Tier 2 medications (typically generic drugs) through our Preferred Mail Service Pharmacy

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. Premium and/or co-payments/co-insurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, co-payments, and restrictions may apply. AARP® MedicareRx Saver Plus (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in rural MT, NE, ND, SD and WY. 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 pharmacies with preferred cost sharing, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

Y0066_PDPBH_16_FINAL_S5921370_S5820024 Accepted

PDEX17PD3875859_000