Benefit Highlights

AARP MedicareRx Preferred (PDP)

This is a short description of your 2021 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

	Your Cost	
Monthly premium	\$89.50	
Annual prescription (Part D) deductible	\$0	
Initial coverage stage	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)
Tier 1: Preferred Generic Drugs	\$5 copay	\$15 copay
Tier 2: Generic Drugs ¹	\$10 copay	\$20 copay
Tier 3: Preferred Brand Drugs	\$45 copay	\$47 copay
Select Insulin Drugs ²	\$35 copay	\$35 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance
Coverage gap stage	After your total drug costs reach \$4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,550, you will pay the greater of \$3.70 copay for generic (Including brand drugs treated as generic), \$9.20 copay for all other drugs, or 5% coinsurance	

¹ Tier includes enhanced drug coverage

AARP MedicareRx Preferred (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. 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 us or consult the online pharmacy directory using the contact information that appears on the booklet cover.



² Select insulins \$35 maximum copay for 1-month supply until the catastrophic stage. Includes \$0 for a 90-day supply of Tier 1 and Tier 2 medications (typically generic drugs) through our Preferred Mail Service Pharmacy. \$0 copay is applicable for Tier 1 and Tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage. This information is not a complete description of benefits. Contact the plan for more information.