UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2025 National Compleme	entary with Rx - County of Cambria
Group Number: MC6334	
NDATIENT CAPE	
INPATIENT CARE	LIBMC Complementary Plan page 1000/ of medically pages any costs offer the primary corrier has
Inpatient Hospital/Mental Health Care	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
	UPMC Complementary Plan will pay 365 additional coverage after the primary coverage has
	exhausted.
Skilled Nursing Facility	For days 1-100, UPMC Complementary Plan pays 100% of medically necessary costs after the primary
(days 1- 100 day)	carrier has paid.
(44) 2 20 45)	You pay all costs for days 101 and after the per benefit period.
A benefit period begins the first day you receive services as an inpatient or skilled nursing patient and ends after	,.
you have been discharged from the facility and have not been readmitted to any facility for 60 days in a row.	
Blood	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
(3 pints)	
Home Health Care	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Home Health Care	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Telehealth	
OUTPATIENT CARE	UDAC Complement of the complem
Primary Care Physician (PCP) Visits	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Primary Care Physician (PCP) Visits	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Telehealth	o. The complementary man pays 200% of medically necessary costs after the primary carrier flas paid.
Specialist Visits	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
	, , ,
Specialist Visits	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Telehealth	
Chiropractic Services (Medicare-covered)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Chiropractic Services (Routine)	Routine chiropractic care is not covered by the plan.
	10000 1 1 10 1000 1 1 1 1 1 1 1 1 1 1 1
Podiatry Services (Medicare-covered)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Podiatry Services (Routine)	Routine podiatry care is not covered by the plan.
Todatify Screeces (noutline)	noutine podiatry care is not covered by the plan.
Outpatient Mental Health Services /Psychiatric Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
/Substance Abuse	of the complementary than pays 200% of medically necessary costs after the primary current has para-
•	
Outpatient Mental Health Services/Psychiatric	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Services/Substance Abuse	
Telehealth	
Opioid Treatment Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Partial Hospitalization	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Outrotion Communication County Long (1999)	UDMC Complementary Discount 4000' C. H. H. H. C.
Outpatient Surgery and Ambulatory Surgical Center (ASC)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
	LIDIO C. L. L. DI. LODO C. II. II.
Observation	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Ambulance Services - (Ground & Air)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Ambulance Services - (Treat no Transport)	Not Covered
Emergency Care	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Hymonthy Needed Care (Clinics)	LIDMC Complementary Plan pays 1000/ of medically respective as the office of the second secon
Urgently Needed Care (Clinics)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Outpatient Rehab Services (PT, OT, ST)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
· · · · · · · · · · · · · · · · · · ·	paid.
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
OUTPATIENT MEDICAL AND SUPPLIES	
Durable Medical Equipment (DME)/Oxygen	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Prosthetic Devices and Medical Supplies	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.

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Diabetes Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetes Training Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Monitors and Teststrips - LifeScan Only	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Supplies - All Other Brands	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Shoes or Inserts	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Part B Drugs - Insulin	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Part B Drugs	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Kidney Disease Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Renal Dialysis (ESRD)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Lab Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Procedures/Tests	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic X-Ray Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
(Basic Imaging) Diagnostic Radiological Services (Advanced Imaging)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Therapeutic Radiological Services (Radiation)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
PREVENTIVE SERVICES	
Immunizations	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Annual Wellness Visit	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Screening Exams	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
ADDITIONAL BENEFITS	
Hearing Services	
Hearing Exam (Routine)	• You pay a \$20 copayment for 1 routine hearing exam every year.
(1 every year)	
(1 every year) Hearing Aid Fitting (Routine) (1 every year)	You pay a \$20 copayment for 1 routine fitting evaluation every year.
Hearing Aid Fitting (Routine)	
Hearing Aid Fitting (Routine)	You pay a \$20 copayment for 1 routine fitting evaluation every year. UPMC Complementary Plan will pay the remainder balance after the copayments have been met on
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Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine)	You pay a \$20 copayment for 1 routine fitting evaluation every year. UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-
Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine)	You pay a \$20 copayment for 1 routine fitting evaluation every year. UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid You pay \$0 copayment for 1 routine vision exam every year. UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are
Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year)	• You pay a \$20 copayment for 1 routine fitting evaluation every year. • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. • UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid • You pay \$0 copayment for 1 routine vision exam every year.
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Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine) (1 every year) Other Services	You pay a \$20 copayment for 1 routine fitting evaluation every year. UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid You pay \$0 copayment for 1 routine vision exam every year. UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear. UPMC Complementary Plan pays qualified services at 100%. You pay \$0 copayment for the following:
Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine) (1 every year) Other Services Counseling Services (Resources for Life)	• You pay a \$20 copayment for 1 routine fitting evaluation every year. • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. • UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid • You pay \$0 copayment for 1 routine vision exam every year. • UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear. • UPMC Complementary Plan pays qualified services at 100%. • You pay \$0 copayment for the following: Counseling services - 6 sessions per issue.
Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine) (1 every year) Other Services Counseling Services (Resources for Life) Fitness Benefit (SilverSneakers and personal training session)	• You pay a \$20 copayment for 1 routine fitting evaluation every year. • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. • UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid • You pay \$0 copayment for 1 routine vision exam every year. • UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear. • UPMC Complementary Plan pays qualified services at 100%. • You pay \$0 copayment for the following: Counseling services - 6 sessions per issue. Fitness Benefit (SilverSneakers) - 1 every year.
Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine) (1 every year) Other Services Counseling Services (Resources for Life) Fitness Benefit (SilverSneakers and personal training session) Health and Wellness (Rx Well)	• You pay a \$20 copayment for 1 routine fitting evaluation every year. • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. • UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid • You pay \$0 copayment for 1 routine vision exam every year. • UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear. • UPMC Complementary Plan pays qualified services at 100%. • You pay \$0 copayment for the following: Counseling services - 6 sessions per issue. Fitness Benefit (SilverSneakers) - 1 every year. Rx Well - 1 every year
Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine) (1 every year) Other Services Counseling Services (Resources for Life) Fitness Benefit (SilverSneakers and personal training session) Health and Wellness (Rx Well) Home Safety Items In-Home Safety Assessment Nurse Advice Line	• You pay a \$20 copayment for 1 routine fitting evaluation every year. • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. • UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid • You pay \$0 copayment for 1 routine vision exam every year. • UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear. • UPMC Complementary Plan pays qualified services at 100%. • You pay \$0 copayment for the following: Counseling services - 6 sessions per issue. Fitness Benefit (SilverSneakers) - 1 every year. Rx Well - 1 every year Home Safety Items - 3 every year. Not Covered Nurse advice line.
Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine) (1 every year) Other Services Counseling Services (Resources for Life) Fitness Benefit (SilverSneakers and personal training session) Health and Wellness (Rx Well) Home Safety Items In-Home Safety Assessment Nurse Advice Line Palliative Care (including eligible meals)	• You pay a \$20 copayment for 1 routine fitting evaluation every year. • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. • UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid • You pay \$0 copayment for 1 routine vision exam every year. • UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear. • UPMC Complementary Plan pays qualified services at 100%. • You pay \$0 copayment for the following: Counseling services - 6 sessions per issue. Fitness Benefit (SilverSneakers) - 1 every year. Rx Well - 1 every year Home Safety Items - 3 every year. Not Covered Nurse advice line. Not Covered
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Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine) (1 every year) Other Services Counseling Services (Resources for Life) Fitness Benefit (SilverSneakers and personal training session) Health and Wellness (Rx Well) Home Safety Items In-Home Safety Assessment Nurse Advice Line Palliative Care (including eligible meals) Remote Technologies (AnywhereCare eVisits)	You pay a \$20 copayment for 1 routine fitting evaluation every year. UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid You pay \$0 copayment for 1 routine vision exam every year. UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear. UPMC Complementary Plan pays qualified services at 100%. You pay \$0 copayment for the following: Counseling services - 6 sessions per issue. Fitness Benefit (SilverSneakers) - 1 every year. Rx Well - 1 every year Home Safety Items - 3 every year. Not Covered Nurse advice line. Not Covered AnywhereCare eVisits.
Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine) (1 every year) Other Services Counseling Services (Resources for Life) Fitness Benefit (SilverSneakers and personal training session) Health and Wellness (Rx Well) Home Safety Items In-Home Safety Assessment Nurse Advice Line Palliative Care (including eligible meals) Remote Technologies (AnywhereCare eVisits) Routine Physical Exam Smoking and Tobacco Use Cessation	• You pay a \$20 copayment for 1 routine fitting evaluation every year. • UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. • UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid • You pay \$0 copayment for 1 routine vision exam every year. • UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear. • UPMC Complementary Plan pays qualified services at 100%. • You pay \$0 copayment for the following: Counseling services - 6 sessions per issue. Fitness Benefit (SilverSneakers) - 1 every year. Rx Well - 1 every year Home Safety Items - 3 every year. Not Covered Nurse advice line. Not Covered AnywhereCare eVisits. Not Covered Smoking and tobacco use cessation - 4 addt'l sessions.
Hearing Aid Fitting (Routine) (1 every year) Hearing Aids (Routine) (1 every year) Vision Services Vision Exam (Routine) (1 every year) Vision Eyewear (Routine) (1 every year) Other Services Counseling Services (Resources for Life) Fitness Benefit (SilverSneakers and personal training session) Health and Wellness (Rx Well) Home Safety Items In-Home Safety Assessment Nurse Advice Line Palliative Care (including eligible meals) Remote Technologies (AnywhereCare eVisits) Routine Physical Exam Smoking and Tobacco Use Cessation Support for Caregivers (Resources for Life)	You pay a \$20 copayment for 1 routine fitting evaluation every year. UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation. UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1890 per aid You pay \$0 copayment for 1 routine vision exam every year. UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear. UPMC Complementary Plan pays qualified services at 100%. You pay \$0 copayment for the following: Counseling services - 6 sessions per issue. Fitness Benefit (SilverSneakers) - 1 every year. Rx Well - 1 every year Home Safety Items - 3 every year. Not Covered Nurse advice line. Not Covered AnywhereCare eVisits. Not Covered Smoking and tobacco use cessation - 4 addt'l sessions. Not Covered

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Group Number: MC6334											
Part D Prescription Drugs											
			2025								
DEDUCTIBLE STAGE	There is no deductible for Part D prescription drugs.										
Rx Deductible	\$0										
NITIAL COVERAGE STAGE	Member pays cost-sharing amounts below until total yearly costs reach the Out-of-pocket Limit.										
nitial Coverage Limit (ICL)				N,	/A						
	Retail Pharmacy				Mail-order		LTC	OON			
	30 day supply	60 day supply	100 day supply	30 day supply	60 day supply	100 day supply	31 day	30 day			
	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard			
ier 1: referred Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
ier 2:											
Generic Drugs	\$4	\$8	\$8	\$4	\$8	\$8	\$4	\$4			
ier 3:	¢12	\$24	¢24	¢12	\$24	¢24	¢12	¢12			
Preferred Brand Drugs	\$12	\$24	\$24	\$12	\$24	\$24	\$12	\$12			
ier 4:	\$24	\$48	\$48	\$24	\$48	\$48	\$24	\$24			
Ion-Preferred Drugs	724	740	Ş 4 0	724	740	у 4 0	724	724			
ier 5:	20%	n/a	n/a	20%	n/a	n/a	20%	20%			
pecialty Drugs		,	<u> </u>		,	·					
COVERAGE GAP STAGE Out-of-Pocket Limit (TrOOP)	Starting in 2025, the Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit. Member moves from the Initial Coverage Stage to the Catastrophic Coverage Stage once the Out-of-Pocket Limit has been met. \$2,000										
out-oi-Pocket Limit (1700P)				, , , , , , , , , , , , , , , , , , ,	000						
Coverage in the Coverage Gap	Starting in 2025, the Coverage Gap Discount Program will be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.										
	Initial Coverage	_	turers pay a portic tastrophic Coverag	on of the plan's fu ge Stage. Discoun	II cost for covered ts paid by manufa	d Part D brand nan acturers under the	ne drugs and bio	ogics during th			
	Initial Coverage	_	turers pay a portic tastrophic Coverag	on of the plan's fu ge Stage. Discoun	II cost for covered ts paid by manufa	d Part D brand nan acturers under the	ne drugs and bio	ogics during th			
	Initial Coverage 30 day supply	Stage and the Cat	turers pay a portic tastrophic Coverag	on of the plan's fu ge Stage. Discoun	Il cost for covered ts paid by manufa out-of-pocket co	d Part D brand nan acturers under the	ne drugs and bio Manufacturer D	ogics during th			
Insulins under the Inflation Reduction Act (IRA)		Stage and the Cat	turers pay a portic tastrophic Covera do	on of the plan's fu ge Stage. Discoun not count toward	Il cost for covered ts paid by manufa out-of-pocket co Mail-order	d Part D brand nan acturers under the sts.	ne drugs and bio Manufacturer D LTC	ogics during the scount Progra			
Act (IRA)	30 day supply	Stage and the Cat Retail Pharmacy 60 day supply	turers pay a portic tastrophic Coverag do 100 day supply	on of the plan's fu ge Stage. Discoun not count toward 30 day supply	Il cost for covered ts paid by manufa out-of-pocket co Mail-order 60 day supply	d Part D brand nan acturers under the sts. 100 day supply	e drugs and biol Manufacturer D LTC 31 day	ogics during the scount Program OON 30 day			
Act (IRA) ier 1: referred Generic Drugs	30 day supply Standard	Retail Pharmacy 60 day supply Standard	turers pay a portic tastrophic Coverage do 100 day supply Standard	on of the plan's fu ge Stage. Discoun not count toward 30 day supply Standard	Il cost for covered ts paid by manufa out-of-pocket co Mail-order 60 day supply Standard	d Part D brand nan acturers under the sts. 100 day supply Standard	LTC 31 day Standard	ogics during the scount Program OON 30 day Standard			
Act (IRA) ier 1: referred Generic Drugs ier 2:	30 day supply Standard	Retail Pharmacy 60 day supply Standard	turers pay a portic tastrophic Coverage do 100 day supply Standard	on of the plan's fu ge Stage. Discoun not count toward 30 day supply Standard	Il cost for covered ts paid by manufa out-of-pocket co Mail-order 60 day supply Standard	d Part D brand nan acturers under the sts. 100 day supply Standard	LTC 31 day Standard	ogics during ti scount Progra OON 30 day Standard			
Act (IRA) ier 1: referred Generic Drugs ier 2: ieneric Drugs	30 day supply Standard \$0 \$4	Retail Pharmacy 60 day supply Standard \$0 \$8	turers pay a portice tastrophic Coverage do	on of the plan's fuge Stage. Discounnot count toward 30 day supply Standard \$0 \$4	Il cost for covered to paid by manufacture out-of-pocket co Mail-order 60 day supply Standard \$0 \$8	100 day supply Standard \$0 \$8	LTC 31 day Standard \$0 \$4	OON 30 day Standard \$0 \$4			
Act (IRA) Fier 1: Preferred Generic Drugs Fier 2: Generic Drugs Fier 3:	30 day supply Standard \$0	Retail Pharmacy 60 day supply Standard \$0	turers pay a portice tastrophic Coverage do	on of the plan's fuge Stage. Discounnot count toward 30 day supply Standard \$0	Il cost for covered ts paid by manufa out-of-pocket co Mail-order 60 day supply Standard \$0	100 day supply Standard	LTC 31 day Standard \$0	OON 30 day Standard			
	30 day supply Standard \$0 \$4 \$12	Retail Pharmacy 60 day supply Standard \$0 \$8 \$24	turers pay a portice tastrophic Coverage do	30 day supply Standard \$0 \$4 \$12	Il cost for covered to paid by manufacture out-of-pocket co Mail-order 60 day supply Standard \$0 \$8 \$24	100 day supply Standard \$0 \$8 \$24	LTC 31 day Standard \$0 \$4 \$12	OON 30 day Standard \$0 \$4 \$12			
Act (IRA) Preferred Generic Drugs Fier 2: Generic Drugs Fier 3: Preferred Brand Drugs Fier 4:	30 day supply Standard \$0 \$4	Retail Pharmacy 60 day supply Standard \$0 \$8	turers pay a portice tastrophic Coverage do	on of the plan's fuge Stage. Discounnot count toward 30 day supply Standard \$0 \$4	Il cost for covered to paid by manufacture out-of-pocket co Mail-order 60 day supply Standard \$0 \$8	100 day supply Standard \$0 \$8	LTC 31 day Standard \$0 \$4	OON 30 day Standard \$0 \$4			
Act (IRA) rier 1: referred Generic Drugs rier 2: Generic Drugs rier 3: referred Brand Drugs rier 4:	30 day supply Standard \$0 \$4 \$12	Retail Pharmacy 60 day supply Standard \$0 \$8 \$24	turers pay a portice tastrophic Coverage do	30 day supply Standard \$0 \$4 \$12	Il cost for covered to paid by manufacture out-of-pocket co Mail-order 60 day supply Standard \$0 \$8 \$24	100 day supply Standard \$0 \$8 \$24	LTC 31 day Standard \$0 \$4 \$12	OON 30 day Standard \$0 \$4 \$12			
Act (IRA) Fier 1: Preferred Generic Drugs Fier 2: Generic Drugs Fier 3: Preferred Brand Drugs	30 day supply Standard \$0 \$4 \$12	Retail Pharmacy 60 day supply Standard \$0 \$8 \$24	turers pay a portice tastrophic Coverage do	30 day supply Standard \$0 \$4 \$12	Il cost for covered to paid by manufacture out-of-pocket co Mail-order 60 day supply Standard \$0 \$8 \$24 \$48	100 day supply Standard \$0 \$8 \$24	LTC 31 day Standard \$0 \$4 \$12	OON 30 day Standard \$0 \$4 \$12			