



Delta Family Values – Quality and Service



2024 Summary of Benefits

**A side-by-side comparison of your 2024
Prescription Drug Plan options**

*The benefits summarized are extracted from the
ITDR 2024 Benefit Guide, pages 41-43.*

PRESCRIPTION DRUG PLAN | Summary of Benefits

INITIAL COVERAGE

You are responsible for the following copayments and coinsurance after you meet your \$150 Brand-only deductible. Generic Drugs have no deductible.

| DRUG CATEGORY/TIER | A 31-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Network | A 31-Day Supply When Your Rx Is Filled At A Standard Network Pharmacy | A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery |
|---|---|---|--|
| Select Generic Drugs | \$2 No deductible applies | \$4 No deductible applies | \$2 No deductible applies |
| Generic Drugs | \$15 No deductible applies | \$20 No deductible applies | \$37.50 No deductible applies |
| Preferred Brand Drugs | \$25 | \$30 | \$60 |
| Non-Preferred Brand Drugs | \$50 | \$55 | \$110 |
| Specialty Drugs* (Including Generic Specialty Drugs) | 25% of total cost | 30% of total cost | 25% of total cost |

If the actual drug cost is less than the copayment, then the member pays the lower price. For prescriptions with less than a 31-day supply, the member pays a prorated amount of the copayment based on the actual supply.

The Preferred Network includes more than 28,000 pharmacies, including CVS, Walmart, Costco, Safeway, Harris Teeter, Kroger, Publix, and Albertsons, among others.

RETAIL PHARMACY 90-DAY SUPPLY

| DRUG CATEGORY/TIER | A 90-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Network | A 90-Day Supply When Your Rx Is Filled At A Standard Network Pharmacy | A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery |
|---|---|---|--|
| Select Generic Drugs | \$4 No deductible applies | \$8 No deductible applies | \$4 No deductible applies |
| Generic Drugs | \$30 No deductible applies | \$37.50 No deductible applies | \$37.50 No deductible applies |
| Preferred Brand Drugs | \$50 | \$60 | \$60 |
| Non-Preferred Brand Drugs | \$100 | \$110 | \$110 |
| Specialty Drugs* (Including Generic Specialty Drugs) | 25% of total cost | 30% of total cost | 25% of total cost |

* Specialty limited to a 31-day supply

COVERAGE GAP

If your prescription drug costs reach or exceed \$5,030 in a year, you are responsible for the following copayment and coinsurances until your out-of-pocket yearly drug costs exceed \$8,000.

| DRUG CATEGORY/TIER | A 31-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Network | A 31-Day Supply When Your Rx Is Filled At A Standard Network Pharmacy | A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery |
|--------------------------|---|---|--|
| Select Generics | \$2 | \$4 | \$4 |
| Generic Drugs – Tier 1** | \$15 | \$20 | \$37.50 |
| All Brand Drugs* | 25% coinsurance | 25% coinsurance | 25% coinsurance |

* In addition to your 25%, 70% of brand-name prescription drug prices apply toward your yearly out-of-pocket total, even though you are not paying that 70%. This helps you reach your out-of-pocket total faster.

** Not all Generic Drugs are Tier 1.

CATASTROPHIC COVERAGE

After your yearly out-of-pocket costs reach \$8,000, you are responsible for the following copayment or coinsurances.

| DRUG CATEGORY/TIER | Up to a 90-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Network | Up to a 90-Day Supply When Your Rx Is Filled At A Standard Network Pharmacy | A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery |
|--------------------|---|---|--|
| Generic Drugs | \$0 copay per prescription | \$0 copay per prescription | \$0 copay per prescription |
| All Brand Drugs | \$0 copay per prescription | \$0 copay per prescription | \$0 copay per prescription |

IMPORTANT PLAN INFORMATION

- The amount you pay may differ depending on what type of pharmacy you use; for example, retail or home delivery.
- To find a network pharmacy, visit www.anthem.com/find-care/ or call Anthem First Impressions at (844) 889-6356.
- This plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage you've reached. To search the formulary for a drug, visit www.anthem.com/itdrrx. To view the full formulary, visit your Anthem member portal or the Enroll 2024 tab on **itdr.com**.
- For a list of drugs covered under the ITDR Low Cost Generic Drug Program visit **itdr.com**, or call Anthem First Impressions at 1-844-889-6356. Select generics can be filled at Preferred and Standard Pharmacies or delivered to your door from CarelonRx Home Delivery up to a 90-day supply.
- You may receive up to a 90-day supply of certain medications taken on a long-term basis and delivered by mail through the CarelonRx Pharmacy. There is no charge for standard shipping through CarelonRx Pharmacy. Not all drugs are available at a 90-day supply.
- Your healthcare provider may require prior authorization from CarelonRx for certain drugs, when required by plan rules.
- If your medication has restrictions (such as prior authorization, step therapy or quantity limits), Medicare guidelines may allow at least a one-month, temporary supply of that drug, to give you time to speak with CarelonRx and/or your doctor about switching your drug or requesting an exception.
- You must live in the plan's service area to participate, which includes all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa.

This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Anthem (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Anthem Medicare depends on contract renewal.