2027

Summary of Benefits

A side-by-side comparison of your 2027 Prescription Drug Plan options

The benefits summarized are extracted from the ITDR 2027 Benefits & Resources Guide, pages 41-43.

INSURANCE TRUST for Delta Retirees

Anthem

Delta Family Values – Quality and Service

PRESCRIPTION DRUG PLAN | Summary of Benefits (All Medical Plans)

INITIAL COVERAGE

You are responsible for the following copayments and coinsurance after you meet your 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
Annual Deductible		**$250** (Brand Drugs Only)	
Standard MAPD Plan only:		**$700** (Brand Drugs Only)	
Select Generic Drugs	$2 No deductible applies	$4 No deductible applies	$4 No deductible applies
Generic Drugs	$15 No deductible applies	$20 No deductible applies	$37.50 No deductible applies
Preferred Brand Drugs	$35	$40	$80
Standard MAPD Plan only:	$45	$50	$100
Non-Preferred Brand Drugs	$60	$65	$130
Standard MAPD Plan only:	25% of total cost	25% of total cost	25% of total cost
Specialty Drugs* (Including Generic Specialty Drugs)	25% of total cost	30% of total cost	25%* of total cost
Standard MAPD Plan only:	25% of total cost	25% of total cost	45% of total cost*

* Specialty limited to a 31-day supply

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 27,000 pharmacies, including CVS, Walmart, Costco, Safeway, Harris Teeter, Kroger, Publix, and Albertsons, among others.

RETAIL & HOME DELIVERY 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	$70	$80	$80
Standard MAPD Plan only:	$90	$100	$100
Non-Preferred Brand Drugs	$120	$130	$130
Standard MAPD Plan only:	25% of total cost	25% of total cost	25% of total cost

CATASTROPHIC COVERAGE

After your yearly out-of-pocket costs reach $2,400, 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

Choose from Thousands of Pharmacies Nationwide

The Anthem plan lets you fill your prescriptions at more than 63,000 pharmacies nationwide, including national chains and thousands of locally-owned and operated independent and specialty pharmacies. You will have a lower cost share when accessing one of the Preferred retail network pharmacies.

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 Customer Service at (833) 460-1066.
- 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 2027 tab on **itdr.com**.
- For a list of drugs covered under the ITDR Low Cost Generic Drug Program visit **itdr.com**, or call Anthem Customer Service at (833) 460-1066. 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.