

# MEDICARE RETIREES

## Medicare Part D Prescription Drug Plans – HSTA VB

COVERAGE	PPO Prescription Drug Plan (Administered by SilverScript)	HMO Prescription Drug Plan (Kaiser)
	<b>Participating Pharmacy</b>	<b>Copayment up to</b>
<b>RETAIL PRESCRIPTION PROGRAM (30/60/90 day supply)</b>		
<b>Generic and Covered Insulin Products</b>	\$3/\$9/\$9 copayment	\$10/\$20/\$30 copayment
<b>All Covered Brand Name</b>	\$9/\$27/\$27 copayment	\$10/\$20/\$30 copayment
<b>Specialty</b>	Specialty medications are subject to the applicable Brand/Generic copayment	\$10/\$20/\$30 copayment
<b>Diabetic Supplies</b>		
Lancets, Strips and Meters	No copayment	20%
<b>MAIL ORDER PRESCRIPTION PROGRAM (30/60/90 day supply)</b>		
	<b>SilverScript Mail Order</b>	
<b>Generic and Covered Insulin Products</b>	\$3/\$9/\$9 copayment	\$10/\$20/\$20 copayment; Insulin not available through Mail Order
<b>All Covered Brand Name</b>	\$9/\$27/\$27 copayment	\$10/\$20/\$20 copayment
<b>Specialty</b>	Not available	\$10/\$20/\$20 copayment
<b>Diabetic Supplies</b>		
Lancets, Strips and Meters	Not available through CVS/Caremark Mail Order	20%