

Mutual of Omaha Rx  
P.O. Box 66562  
St. Louis, MO 63166-6562

February 12, 2021



Your member numbers are:

Member ID: MOO975836535

Group Number: MOMAHADX

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Cyc1039992//002436//6892//  
MBO020720



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## Your Monthly Prescription Drug Summary For January 2021

This summary is your “Explanation of Benefits” (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which “drug payment stage” are you in?
- SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)
- SECTION 4. Updates to the plan’s Drug List that affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

### Need large print or another format?

To get this material in other formats, or ask for language translation services, call Mutual of Omaha Rx Member Services (the number is on this page).

***Reduce Clutter, Go Paperless with Electronic Explanation of Benefits.***

Log in at [express-scripts.com/easyeob](https://express-scripts.com/easyeob) or Call 1-855-864-6797 to learn more.

**For languages other than English:**

1-855-864-6797

Mutual of Omaha Rx PDP is operated by Mutual of Omaha Rx (PDP).

### Mutual of Omaha Rx Member Services

If you have questions or need help, call us 24 hours a day, 7 days per week, 365 days per year. Calls to these numbers are free.

**1-855-864-6797**

TTY users call: 1-800-716-3231

On the Web at: [mutualofomaharx.com](https://mutualofomaharx.com)

Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in the Mutual of Omaha Rx plan depends on contract renewal.

# SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions and check if it's correct.** If you have any questions or think there is a mistake, Section 5 shows you what to do.
- <<<**New for this year>>> Drug Pricing Information (Drug Price & Price Change)**
  - The Drug Price shows the cost of each drug (including what you, your plan and other programs paid). The Price Change shows the percentage of the drug price since it was first filled during this benefit year.
  - There may be Lower Cost Therapeutic Alternative drugs (when applicable) listed below some of your current drugs. These are drugs that may be an alternative to the ones you are taking but with lower cost-sharing or a lower drug price. You may want to speak with your prescriber to see if the lower cost therapeutic alternative is right for you.

**CHART 1.**  
Your prescriptions for covered Part D drugs  
January 2021

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
<b>ESCITALOPRAM 10 MG TABLET</b> 01/16/2021, EXPRESS SCRIPTS Rx# 000009369690, quantity filled 90.00, 90 day supply	\$8.84	\$6.00	\$0.00	\$14.84 N/A
<b>BUPROPION HCL XL 300 MG TABLET</b> 01/16/2021, EXPRESS SCRIPTS Rx# 000009369693, quantity filled 90.00, 90 day supply	\$0.00	\$61.27	\$0.00	\$61.27 N/A
Lower Cost Therapeutic Alternative(s): BUPROPION HCL				
<b>METFORMIN HCL 500 MG TABLET</b> 01/16/2021, EXPRESS SCRIPTS Rx# 000009369695, quantity filled 180.00, 90 day supply	\$17.68	\$0.00	\$0.00	\$17.68 N/A
<b>ALLOPURINOL 300 MG TABLET</b> 01/16/2021, EXPRESS SCRIPTS Rx# 000009369696, quantity filled 90.00, 90 day supply	\$19.41	\$0.00	\$0.00	\$19.41 N/A

**CHART 1.**

Your prescriptions for covered Part D drugs  
January 2021

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations, see Section 3)	<b>Drug Price &amp; Price Change</b>
<b>ZOLPIDEM TARTRATE 5 MG TABLET</b> 01/25/2021, EXPRESS SCRIPTS Rx# 000001226594, quantity filled 30.00, 30 day supply	\$0.93	\$2.10	\$0.00	\$3.03 N/A
<b>SIMVASTATIN 10 MG TABLET</b> 01/31/2021, EXPRESS SCRIPTS Rx# 000000421353, quantity filled 90.00, 90 day supply	\$20.64	\$0.00	\$0.00	\$20.64 N/A
<b>Totals for the month of January 2021:</b>	\$67.50 (total for the month)	\$69.37 (total for the month)	\$0.00 (total for the month)	
<p><b>Your “out-of-pocket costs” amount is \$69.37.</b> (This is the amount you paid this month (\$69.37) plus the amount of “other payments” made this month that count toward your “out-of-pocket costs” (\$0.00). See definitions in Section 3.)</p> <p><b>Your “total drug costs” amount is \$136.87.</b> (This is the total for this month of all payments made for your drugs by the plan (\$67.50) and you (\$69.37) plus “other payments” (\$0.00).)</p>				

**Year-to-date totals**  
**1/1/2021 through 1/31/2021**

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations, see Section 3)
<b>Your year-to-date amount for “out-of-pocket costs” is \$69.37.</b>	\$67.50 (year-to-date total)	\$69.37 (year-to-date total)	\$0.00 (year-to-date total)
<b>Your year-to-date amount for “total drug costs” is \$136.87.</b>			

For more about “out-of-pocket costs” and “total drug costs,” see Section 3

## SECTION 2. Which “drug payment stage” are you in?

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### You are in this stage:

#### STAGE 1 Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally pay the full cost of your drugs until you (or others on your behalf) have paid \$445 for your drugs (\$445 is the amount of your deductible).
- As of 01/31/2021 you have paid **\$61.27** for your drugs in the deductible.

#### STAGE 2 Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- After you (or others on your behalf) have met your deductible, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date “total drug costs” (see Section 3) reaches \$4,130. When this happens, you move to payment stage 3, Coverage Gap.
- As of 01/31/2021 your year-to-date “total drug costs” were \$136.87. (See definitions in Section 3.)

#### STAGE 3 Coverage Gap

- During this payment stage, you (or others on your behalf) receive a 70% manufacturer’s discount on covered brand-name drugs and the plan will cover “at least” another 5%, so you will pay “less than” 25% of the negotiated price on brand-name drugs. In addition you pay “less than” 25% of the costs of generic drugs.
- You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$6,550. When this happens, you move to payment stage 4, Catastrophic Coverage.

#### STAGE 4 Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2021).



You are in this stage:

**STAGE 1**  
**Yearly Deductible**

What happens next?

Once you (or others on your behalf) have paid **an additional \$383.73** for your drugs, you move to the next payment stage (stage 2, Initial Coverage).

**STAGE 2**  
**Initial Coverage**

**STAGE 3**  
**Coverage Gap**

**STAGE 4**  
**Catastrophic Coverage**

### SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)

We’re including this section to help you keep track of your “out-of-pocket costs” and “total drug costs” because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

#### Your “out-of-pocket costs”

**\$69.37 month of January, 2021**

**\$69.37 year-to-date (since January, 2021)**

#### DEFINITION:

##### “Out-of-pocket costs” includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: “Extra Help” from Medicare; Medicare’s Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

##### It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veterans Administration; workers’ compensation; and some other programs.

#### Your “total drug costs”

**\$136.87 month of January, 2021**

**\$136.87 year-to-date (since January, 2021)**

#### DEFINITION:

“Total drug costs” is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**Learn more:** Medicare has made the rules about which types of payments count and do not count toward “out-of-pocket costs” and “total drug costs.” The definitions on this page give you only the main rules. For details, including more about “covered Part D drugs,” see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

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