

## Your 2026 Extra Covered Drugs Benefits Chart

Covered Services	What you pay	
<b>Extra Covered Drugs</b>		
These prescription drugs are not covered under Part D, but they are provided under your Senior Rx Plus benefits. There may be instances where state regulations require these drugs to be included in your plan. These drugs do not count towards your <b>CMS defined drug out-of-pocket limit</b> of \$2,100.		
Pharmacy	Retail Pharmacy	Mail-Order Pharmacy
	per 30-day supply	per 90-day supply
<b>Cough and Cold</b> <b>DESI</b> <b>Vitamins and Minerals</b>	See Drug List for complete list of drugs covered	
Tier 1: Generics	\$10	\$20
Tier 2: Preferred Drugs	\$35	\$70
Tier 3: Non-Preferred Drugs	\$60	\$120
<b>Erectile Dysfunction (ED)</b>	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.	
Tier 1: Generics	\$10	\$20
Tier 2: Preferred Drugs	\$35	\$70
Tier 3: Non-Preferred Drugs	\$60	\$120
<b>Other Non-Part D Coverage</b>	Copay or coinsurance	
Contraceptive Devices	\$35 per Covered Device	\$35 per Covered Device

- Over the Counter Drugs:** To get over the counter drugs listed as covered under your drug plan, you must have a prescription from your provider and have the prescribed drug filled by the pharmacist.