



Deductible

Pharmacy (Part D) deductible

This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,130**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$10 copay	\$10 copay
2 (Preferred Brand)	\$30 copay	\$30 copay
3 (Non-Preferred Drug)	\$55 copay	\$55 copay
4 (Specialty Tier)	\$55 copay	\$55 copay
90-day supply		
1 (Generic or Preferred Generic)	\$20 copay	\$20 copay
2 (Preferred Brand)	\$60 copay	\$60 copay
3 (Non-Preferred Drug)	\$110 copay	\$110 copay
4 (Specialty Tier)	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary.

ADDITIONAL DRUG COVERAGE

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,130**.

You will continue to pay the same amount as when you were in the initial coverage stage.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$6,550**, you pay the greater of:

- **\$3.70** for generic (including brand drugs treated as generic) and a **\$9.20** copay for all other drugs, or
- **5%** coinsurance (**\$110** maximum out-of-pocket per prescription for a one-month supply) regardless of tier.