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## PRESCRIPTION DRUG BENEFITS

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### How much do I pay?

For Part B drugs such as chemotherapy drugs: 20% of the cost  
 Other Part B drugs: 20% of the cost

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### Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

#### Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$20 copayment	\$40 copayment	\$60 copayment
Tier 3 (Preferred Brand)	25% of the cost	25% of the cost	25% of the cost
Tier 4 (Non-Preferred Brand)	25% of the cost	25% of the cost	25% of the cost
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	25% of the cost

#### Standard Mail Order Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$20 copayment	\$40 copayment	\$60 copayment
Tier 3 (Preferred Brand)	25% of the cost	25% of the cost	25% of the cost
Tier 4 (Non-Preferred Brand)	25% of the cost	25% of the cost	25% of the cost
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	25% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

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**Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

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**Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the following:

<b>Tier</b>	<b>Your cost</b>
Tier 1 (Preferred Generic)	\$0
Tier 2 (Generic)	5% of the cost
Tier 3 (Preferred Brand)	5% of the cost
Tier 4 (Non-Preferred Brand)	5% of the cost
Tier 5 (Specialty Tier)	5% of the cost

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