



### 3. Prescription Drug Plan Options

#### Overview

Electric Boat retirees and spouses have three prescription drug plan options in 2020 and each can be combined with any of the four medical plans. The drug plans are administered by Express Scripts and Express Scripts refers to these plans as the Express Scripts Medicare (PDP) prescription drug plans. You will not be able to enroll in an Electric Boat Retiree Prescription Drug Plan alone. It must be chosen in conjunction with any of the 2020 Electric Boat Retiree Medical Plan Options offered through Anthem Blue Cross and Blue Shield.

The three prescription drug plan options are referred to as the "**Unlimited Rx**" or the **Enhanced** Medicare Part D plan, the "**Limited Rx**" Medicare Part D plan and the "**Value Rx**" Medicare Part D plan.

Generally speaking, the key difference between the **Limited Rx** and **Unlimited Rx** plans is the difference in member cost share exposure in the "**Coverage Gap**," or for some, what is known as the "**Donut Hole**." The **Unlimited Rx** plan provides a lower cost share exposure in the **Coverage Gap** and provides an annual out-of-pocket cost cap of **\$3,500** to further protect members of the plan from extreme annual drug cost exposure. Once a member of the **Unlimited Rx** plan reaches the **out-of-pocket cost cap**, the member pays **nothing** for the remainder of the calendar year.

The Electric Boat **Unlimited Rx** plan members continue to pay the same maximum copays while in the **Coverage Gap** for their Tier 1 generic drugs as well as their Tier 2 and Tier 3 brand name drugs, however, they pay a higher cost of 25% for Tier 4 specialty drugs. The Electric Boat **Limited Rx** drug plan members have more financial exposure in the **Coverage Gap** as while their Tier 1 generic drugs continue to be covered at the same maximum copay - Tier 2, 3 and 4 drugs are covered at 25%.

The **Value Rx** prescription drug plan, **new in 2020**, provides lower member cost shares for generic drugs including **NO COST** for generic drugs when filled through Express Scripts Home Delivery throughout the entire year!

#### Eligibility

As previously described, retirees and spouses eligible and enrolled in any of the four Electric Boat Retiree Medical Plan options are eligible for the Electric Boat Retiree Prescription Drug Plans. These plans are available regardless of where you live or travel in the United States.

In order to participate in any of the Electric Boat Retiree Prescription Drug Plans, eligible retirees and spouses must enroll in one of the plans when first eligible.

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*In addition the following rules apply:*

- ❖ *The Unlimited Rx Prescription Drug Plan is only available upon you or your spouse's initial eligibility. Retirees and/or spouses waiving enrollment in the Unlimited plan when first eligible cannot enroll later unless they meet certain criteria.*
- ❖ *Retirees or spouses opting for the Limited Rx plan or Value Rx plan cannot enroll in the Unlimited Rx plan at a later time.*
- ❖ *Retirees or spouses waiving their enrollment opportunity to join any of the three Electric Boat Retiree Prescription Drug Plans when first eligible cannot enroll in any plan later unless they meet certain criteria.*
- ❖ *Retirees or spouses will have the opportunity to "opt down" to a lower plan during any open enrollment. However, members of the plan will not be able to "opt up."*

Initial eligibility can be defined as your Medicare effective date or the day after which you lose pre-65 retiree benefit coverage through Electric Boat. Your Medicare coverage generally begins the 1st of the month of your 65th birthday. If you were born on the 1st of the month, your Medicare coverage begins the month prior. Your pre-65 retiree benefit coverage through Electric Boat will cease the day prior to your Medicare effective date. You may become eligible for Medicare prior to 65 due to disability. If you are retired and enroll in Medicare prior to age 65, you may enroll in the Electric Boat Retiree Medical and Prescription Drug Plan as long as you enroll in both Medicare Part A and Part B. However, if you choose to wait until age 65 to enroll, your enrollment at age 65 will be considered your initial eligibility.

Spouses become initially eligible when he or she turns 65 and loses retiree coverage under the Electric Boat pre-65 retiree plan.

Electric Boat employees that retire at or after age 65 are considered initially eligible for these plans the first of the month following their date of retirement and upon enrollment in Medicare Part A and Part B. This eligibility also pertains to the newly retired employee's spouse.

Electric Boat retirees and spouses can defer their enrollment and their initial eligibility if they are actively working and covered under their active employer or covered under a group retiree medical and prescription drug plan through another employer.

### **Making changes to your prescription drug plan**

Once you enroll in a prescription drug plan for 2020, you generally cannot make a change to your prescription drug coverage until the following open enrollment.

If you are covered on the Electric Boat **Unlimited Rx** Prescription Drug Plan, you can choose to opt down to the Electric Boat **Limited Rx** or **Value Rx** Prescription Drug Plan during open enrollment. If you choose to opt down to the **Limited Rx** or **Value Rx** plan, **you will not be able to opt up at a later date.**

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If you have been eligible for Medicare Part D and chose **NOT** to enroll in **ANY** Medicare Part D plan and did not maintain creditable coverage, you may be subject to penalties equal to 1% of the “base beneficiary premium” (the national average premium) for each full uncovered month that you were eligible to join a Medicare drug plan and didn’t enroll. The Part D base beneficiary premium for 2020 is \$32.74. The late-enrollment penalty is calculated as the number of months you could have been enrolled in Medicare Part D multiplied by 32 cents (\$32 x 1%). The penalty amount is a lifetime penalty; therefore, this penalty will be a cost for you in addition to your Medicare Part D premium for the remaining years that you are enrolled in a Medicare Part D plan. The Part D base beneficiary premium does change from year to year and your penalty amount will be adjusted accordingly.

*This penalty is a Part D rule regulated by CMS – it has nothing to do with the plan itself and applies to everyone in the country who does not enroll in a Part D plan when initially eligible and enrolls at a later date without having had creditable coverage under another qualifying plan. It also applies to Medicare beneficiaries that may have a gap in creditable coverage of 63 days or more at any point in time after becoming Medicare eligible. To be eligible for Medicare Part D, you only need to have Medicare Part A and/or Medicare Part B. You do not need to have both Medicare Part A and Part B to be deemed eligible for Medicare Part D.*

If you waived Medicare Part D because you were covered under an employer group plan or a plan that was “as good or better” than Medicare (called “creditable coverage”), you may have to furnish a creditable coverage letter proving that you have had coverage that is equal to or better than Medicare Part D in order to avoid penalties.

### **\*\*\*\*\* IMPORTANT NOTE \*\*\*\*\***

*Due to CMS (Centers for Medicare & Medicaid) regulations and rules, you can only participate in one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time. Further, CMS will not allow you to be enrolled in an Electric Boat Anthem Medicare Preferred PPO plan and have coverage under an individual Medicare Part D plan that you may have enrolled in on your own.*

*In addition, if you are enrolled in an Anthem Medicare Preferred PPO plan and later enroll in another Medicare Advantage plan or in an individual Medicare Part D plan, your new enrollment will automatically terminate your Anthem Medicare Preferred PPO plan as well as your Express Scripts Medicare Part D plan.*

*In order to enroll in one of the three Electric Boat Anthem Medicare Preferred PPO plans, you must enroll in one of the three Electric Boat Express Scripts Medicare Part D prescription drug plans in order to have Medicare Part D prescription drug coverage.*

*If you would like to maintain coverage under an individual Medicare Part D plan, you can only enroll in the Electric Boat Anthem Group Retiree Plan G.*

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## Electric Boat Retiree Prescription Drug Plan Options

In order to explain the enhancements in the Electric Boat Retiree Prescription Drug Plans, it is best to first explain basic Medicare Part D benefits in general.

### Individual Medicare Part D Plans Available to Medicare Beneficiaries

Each individual plan has slight variations in premium, plan design and prescription drug formularies. A “formulary” is a listing of covered generics, preferred brand drugs, non-preferred brands, specialty medications and injectables. If a particular drug is not listed in a plan’s formulary, it is generally NOT covered. Individual Plans typically have 5 or 6 different copayment or cost tiers under which the covered drugs fall depending on their expense. The highest tiers could command very high copayments or a percentage of the total drug cost. Each formulary might have a different list of exclusions and different authorization requirements for different drugs.

Individual plans might range in expense from about \$15 to \$130 a month. You would expect to find that less expensive plans have higher copayments, deductibles, less comprehensive formularies and perhaps even more restrictions. An individual can obtain a Medicare Part D plan from a variety of different private insurance companies. The basic outline of a standard Part D Plan, as constructed by Medicare for 2020 begins with a \$435 deductible. Once that deductible is satisfied, the member’s cost share would be 25% of the drug cost until such time that their total drug costs reach \$4,020. The \$4,020 is considered the “Initial Coverage Limit” and the \$4,020 is a total of the member’s out-of-pocket expense for their prescription drugs and what was paid out by the Medicare Part D plan.

When an individual reaches this amount in **total drug costs** for 2020 they then enter what is referred to as the **Coverage Gap** or **Donut Hole**.

While in the **Coverage Gap** in 2020 a good portion of the cost for Medicare Part D brand drugs (70%) will actually be subsidized by the pharmaceutical manufacturer of the given brand drug. Also in 2020 another 5% will be covered by the underlying Part D plan leaving the member to pay 25% of the cost of the brand name drug. If the individual plan does not cover generic prescriptions during the **Coverage Gap** for a maximum copayment, the member cost is 25% of the actual retail cost of that Medicare Part D generic drug.

HOWEVER, both the member’s out of pocket expense and the 70% discount absorbed by the pharmaceutical manufacturer for Medicare Part D brand drugs counts towards the member’s total out-of-pocket expense or "**TROOP**." Satisfying the TROOP is what ultimately gets a member out of the Coverage Gap.

Once a person’s total out-of-pocket cost or TROOP reaches \$6,350 in 2020 the “Catastrophic Benefit” kicks in and the cost share becomes the greater of 5% or \$3.60 for generics and \$8.95 for covered brand name medications for the remainder of the calendar year.

Medicare Part D accumulators all reset on January 1st of each calendar year.

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### **Option #1: Electric Boat Retiree Unlimited Rx Prescription Drug Plan**

There are **several differences** between the Standard Medicare Part D plan and the Electric Boat Retiree **Unlimited Rx** Prescription Drug Plan. One significant difference is the Express Scripts Medicare drug formulary. While many individual Medicare Part D plans cover just a fraction of the overall brand drugs that are available on the market, the Electric Boat Prescription Drug Plans cover all brands in all therapeutic classes and categories, including many Medicare Part D excluded drugs.

The Electric Boat Retiree **Unlimited Rx** Drug Plan does not have a deductible. Members of the plan pay copays for all drugs during the Initial Coverage Stage.

The 2020 maximum retail copays are \$15 for generic drugs (Tier 1), \$40 for Preferred brands (Tier 2), \$60 for non-preferred and specialty drugs (Tiers 3 & 4) for a 31-day supply purchased at participating **preferred** retail pharmacies. Preferred pharmacies include many major chains like CVS, Stop & Shop, Walmart, Shoprite, Target, Rite Aid, Sam's Club and Costco.

When filling prescriptions at participating **standard** pharmacies, like Walgreens, members of the plan pay \$5 more for each prescription regardless of whether it is a 31 day or 90 day supply.

The Express Scripts Home Delivery program is always considered **preferred** allowing members to purchase 90 day supplies while saving money on copays. The maximum copays for a 90 day supply through the home delivery program are \$30 for generic drugs (Tier 1), \$80 for preferred brand drugs (Tier 2) and \$120 for non-preferred and specialty drugs (Tiers 3 & 4). Some injectable and specialty drugs (Tier 4) are only dispensed in 31 day supplies.

While in the Coverage Gap, Unlimited Rx Plan members continue to pay the same copays for Tier 1, Tier 2 and Tier 3 drugs. However, in 2020, any Tier 4 specialty drug is subject to a 25% coinsurance at a preferred pharmacy, a standard pharmacy or through the Express Scripts Home Delivery program.

Although members of the Electric Boat Unlimited Prescription Drug Plan get the convenience of paying only their fixed copay during the Coverage Gap for Tier 1, Tier 2 and Tier 3 drugs, they still benefit from the 70% pharmaceutical manufacturer discounts available to Medicare Part D members for Part D brand drugs dispensed after they reach the Initial Coverage Limit of \$4,020. In other words, even though at the point of reaching the Initial Coverage Limit, members of the **Unlimited Rx** plan will continue to pay only copays for most drugs, 70% of the retail cost of their Medicare Part D brand name drugs is still counting towards their out of pocket expense or TROOP. Therefore, members in the **Unlimited Rx** plan can still exit this Coverage Gap stage and enter the Catastrophic Coverage stage.

At the point that an **Unlimited Rx** plan member reaches their TROOP of \$6,350, the cost share becomes the greater of 5% of the cost of the drug or \$3.60 for generics and \$8.95 for brands for the remainder of the calendar year.

**PLEASE NOTE -The Electric Boat Retiree Unlimited Rx Prescription Drug Plan has a \$3,500 maximum out-of-pocket cost cap to protect members of the plan from extreme financial hardship.**

## EB Retiree Prescription Drug Plan UNLIMITED Rx

### Medicare Part D Prescription Drug Benefit

#### Provided By Express Scripts Insurance Company

Benefit Period Start	January 1, 2020
Benefit Period End	December 31, 2020
Plan Deductible	NO Deductible

**During the Initial Coverage Stage, you pay copays until  
your total drug cost reaches \$4,020**

**Total drug cost = your copays + payments from the plan**

#### You pay the following for up to a 31 day supply at a Retail Pharmacy

	Preferred Pharmacies	Standard Pharmacies
Tier 1 Generic	\$15	\$20
Tier 2 Preferred Brand	\$40	\$45
Tier 3 Non-Preferred	\$60	\$65
Tier 4 Specialty	\$60	\$65

#### You pay the following for up to a 90 day supply at a Retail Pharmacy

	Preferred Pharmacies	Standard Pharmacies
Tier 1 Generic	\$45	\$50
Tier 2 Preferred Brand	\$120	\$125
Tier 3 Non-Preferred	\$180	\$185
Tier 4 Specialty*	\$180	\$185

#### You pay the following for up to a 90 day supply through Express Scripts Home Delivery

Tier 1 Generic	\$30
Tier 2 Preferred Brand	\$80
Tier 3 Non-Preferred	\$120
Tier 4 Specialty*	\$120

**If your total drug cost reaches \$4,020 in 2020, you enter the Coverage Gap and pay the  
following cost share until your TRUE out-of-pocket (TROOP) reaches \$6,350:**

	Preferred Pharmacies	Standard Pharmacies
Tier 1 Generic	Lesser of the same generic copay as Initial Coverage Stage or 25%	
Tier 2 Preferred Brand	Same Copay as Initial Coverage Stage	
Tier 3 Non-Preferred	Same Copay as Initial Coverage Stage	
Tier 4 Specialty*	25%	25%

**Your TRUE out-of-pocket (TROOP) includes any cost you incur for your covered drugs PLUS the  
70% pharmaceutical manufacturer discount you receive on brand name drugs while in the  
Coverage Gap. Once the \$6,350 TROOP is reached in 2020, you enter the Catastrophic Stage and  
you pay the following until you reach the 2020 Member Out-of-Pocket Cost Cap:**

Generic Drugs	Greater of 5% or \$3.60
Brand Name	Greater of 5% or \$8.95
<b>Member Out-of-Pocket Cost Cap</b>	<b>\$3,500</b>
<b>2020 Monthly Premium</b>	<b>\$201.82</b>

\*Most specialty medications can only be dispensed up to a 31 day supply.

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### **Option 2: Electric Boat Retiree Limited Rx Prescription Drug Plan**

Like the Unlimited Rx Plan, the **Limited Rx** Plan also qualifies as a Medicare Part D Plan. The Limited Rx plan has the exact same maximum copayment schedule and formulary as the Unlimited Rx Plan - \$15 for generic drugs, \$40 for preferred brands, and \$60 for non-preferred brands and specialty drugs for a 31-day supply at participating **preferred** retail pharmacies and \$30 for generic drugs, \$80 for preferred brands and \$120 for non-preferred brands for a 90-day supply through the Express Scripts home delivery program.

When filling prescriptions at participating **standard** pharmacies, members of the Limited Rx Plan pay \$5 more for each prescription.

Under the **Limited Rx** plan, once members reach their Initial Coverage Limit of \$4,020 and enter the Coverage Gap, **Limited Rx plan members will pay 25% for their Medicare Part D brand drugs and 95% of the cost of their Medicare Part D brands will count towards their out of pocket maximum or TROOP.** During the Coverage Gap, generic drugs continue to be covered at a maximum \$15 copay for a 31 day supply and a maximum \$30 copay for a 90 day supply through the Express Scripts home delivery program or at 25% of their retail cost – whichever is LESS.

Once the \$6,350 out-of-pocket maximum or TROOP is met, Catastrophic Coverage kicks in and drugs are covered at 5% of the cost of the drug or \$3.60 for generics and \$8.95 for brands –whichever is greater, for the remainder of the calendar year.

### **Option 3: Electric Boat Retiree Value Rx Prescription Drug Plan**

The **Value Rx** Plan is our newest plan and is offered at a lower monthly premium cost but maintains the same comprehensive covered drug list or formulary. Unlike the **Unlimited Rx** and **Limited Rx** plans, the **Value Rx** is a five tier drug plan with two generic drug tiers and lower generic copayments. The **Value Rx** plan offers Preferred (Tier 1) generic drugs at a \$2 copay and Tier 2 generic drugs at a \$10 copay for a 31-day supply when filled at a preferred pharmacy. Brand name drugs are subject to a \$200 calendar year deductible and then preferred brand drugs are covered at a \$40 copay while non-preferred brand drugs are covered at a 40% coinsurance and specialty drugs have a 30% coinsurance. Cost share and copays are slightly higher through standard pharmacies.

When members of the **Value Rx** plan use Express Scripts home delivery, all **generic** drugs are filled at **NO COST** from the beginning of the year to the very end of the year regardless of which Medicare Part D stage the member is in at the time the prescription is filled!

Members using Express Scripts home delivery for brand name drugs will pay \$110 for a 90 day supply for Preferred brand drugs and 40% for non-preferred brands during the Initial Coverage stage. Specialty drugs are usually only filled at a 31 day supply at a time.

Otherwise, once members of the **Value Rx** plan reach their Initial Coverage Limit of \$4,020, Tier 1 and 2 generics are covered at retail at the same maximum copays during the Coverage Gap as in the Initial Coverage stage or at 25%, whichever is LESS. **Value Rx** plan members will pay 25% for their Medicare Part D brand drugs and 95% of the retail cost of their Medicare Part D brands will count towards their out of pocket maximum or TROOP.

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Once the \$6,350 out-of-pocket maximum or TROOP is met, Catastrophic Coverage kicks in and drugs are covered at 5% of the cost of the drug or \$3.60 for generics and \$8.95 for brands – whichever is greater, for the remainder of the calendar year. However, **generics** can continue to be filled at **NO COST** through Express Scripts home delivery.

All three plans, the Unlimited Rx, Limited Rx and Value Rx prescription drug plans share the same list of covered drugs, or prescription drug formulary, however, the Unlimited Rx and Limited Rx plans have a four tier formulary with one tier for generic drugs and the Value Rx plan has a five tier formulary with two tiers for generic drugs.

For the Electric Boat Retiree Unlimited Rx Prescription Drug Plan, there is truly no other alternative like it available on an individual basis. With respect to the Limited Rx and Value Rx plans, while there may possibly be comparable plans available, you will likely find them to have higher copays and cost shares and less comprehensive drug formularies. Please review your options and if one of these alternatives will be beneficial to you, you are welcome to combine one of the four Electric Boat Retiree Medical Plan Options with one of the three Electric Boat Retiree Prescription Drug Options.

On pages to follow in this guide, you will find the top brand name drugs that were most frequently dispensed to Electric Boat retirees and their spouses during 2019. There are two charts that provide copay and cost share information for these brand name drugs. The first chart provides this information for the Unlimited Rx and Limited Rx plans and the second chart provides this information for the Value Rx plan.

These charts also indicate if the brand name drug requires prior authorization, step therapy or has quantity limits. Prior authorization and step therapy requirements entail having your physician submit clinical information regarding your medical and/or prescription drug history or medical diagnosis in order to establish whether or not you meet medical criteria for approval from Express Scripts.

## EB Retiree Prescription Drug Plan LIMITED Rx

### Medicare Part D Prescription Drug Benefit

Provided By Express Scripts Insurance Company

Benefit Period Start	January 1, 2020
Benefit Period End	December 31, 2020
Plan Deductible	<b>NO Deductible</b>

**During the Initial Coverage Stage, you pay copays until  
your total drug cost reaches \$4,020**

**Total drug cost = your copays + payments from the plan**

#### You pay the following for up to a 31 day supply at a Retail Pharmacy

	Preferred Pharmacies	Standard Pharmacies
Tier 1 Generic	\$15	\$20
Tier 2 Preferred Brand	\$40	\$45
Tier 3 Non-Preferred	\$60	\$65
Tier 4 Specialty	\$60	\$65

#### You pay the following for up to a 90 day supply at a Retail Pharmacy

	Preferred Pharmacies	Standard Pharmacies
Tier 1 Generic	\$45	\$50
Tier 2 Preferred Brand	\$120	\$125
Tier 3 Non-Preferred	\$180	\$185
Tier 4 Specialty	\$180	\$185

#### You pay the following for up to a 90 day supply through Express Scripts Home Delivery

Tier 1 Generic	\$30
Tier 2 Preferred Brand	\$80
Tier 3 Non-Preferred	\$120
Tier 4 Specialty	\$120

**If your total drug cost reaches \$4,020 in 2020, you enter the Coverage Gap and pay the following cost share until your TRUE out-of-pocket (TROOP) reaches \$6,350:**

Tier 1 Generic	Lesser of the same generic copay as Initial Coverage Stage or 25%
Tier 2 Preferred Brand	25%
Tier 3 Non-Preferred	25%
Tier 4 Specialty	25%

**Your TRUE out-of-pocket (TROOP) includes any cost you incur for your covered drugs PLUS the 70% pharmaceutical manufacturer discount you receive on brand name drugs while in the Coverage Gap. Once the \$6,350 TRUE Out-of-Pocket is reached in 2020, you enter the Catastrophic Stage and you pay the following for the remainder of the year:**

Generic Drugs	Greater of 5% or \$3.60
Brand Name	Greater of 5% or \$8.95

**2020 Monthly Premium** **\$102.00**

\*Most specialty medications can only be dispensed up to a 31 day supply.

## EB Retiree Prescription Drug Plan VALUE Rx

### Medicare Part D Prescription Drug Benefit

#### Provided By Express Scripts Insurance Company

Benefit Period Start	January 1, 2020
Benefit Period End	December 31, 2020
Plan Deductible	\$200 for Brand Name Drugs Only

**During the Initial Coverage Stage, you pay copays until your total drug cost reaches \$4,020  
Total drug cost = your copays + payments from the plan**

#### You pay the following for up to a 31 day supply at a Retail Pharmacy

	Preferred Pharmacies	Standard Pharmacies
Tier 1 Preferred Generic	\$2	\$7
Tier 2 Generic	\$10	\$15
Tier 3 Preferred Brand	\$40	\$50
Tier 4 Non-Preferred	40%	45%
Tier 5 Specialty	30%	33%

#### You pay the following for up to a 90 day supply at a Retail Pharmacy

	Preferred Pharmacies	Standard Pharmacies
Tier 1 Preferred Generic	\$5	\$15
Tier 2 Generic	\$30	\$40
Tier 3 Preferred Brand	\$120	\$150
Tier 4 Non-Preferred	40%	45%
Tier 5 Specialty*	30%	33%

#### You pay the following for up to a 90 day supply through Express Scripts Home Delivery

Tier 1 Preferred Generic	\$0
Tier 2 Generic	\$0
Tier 3 Preferred Brand	\$110
Tier 4 Non-Preferred	40%
Tier 5 Specialty*	30%

**If your total drug cost reaches \$4,020 in 2020, you enter the Coverage Gap and pay the following cost share until your TRUE out-of-pocket (TROOP) reaches \$6,350:**

	Preferred Pharmacies	Standard Pharmacies
Tier 1 Preferred Generic	Lesser of the same generic copay as Initial Coverage Stage or 25%	
Tier 2 Generic	Lesser of the same generic copay as Initial Coverage Stage or 25%	
Tier 3 Preferred Brand	25%	
Tier 4 Non-Preferred	25%	
Tier 5 Specialty*	25%	

**Your TRUE out-of-pocket (TROOP) includes any cost you incur for your covered drugs PLUS the 70% pharmaceutical manufacturer discount you receive on brand name drugs while in the Coverage Gap. Once the \$6,350 TROOP is reached in 2020, you enter the Catastrophic Stage and you pay the following for the remainder of the year:**

Generic Drugs	Greater of 5% or \$3.60 - except for Tier 1 & 2 generics through Express Scripts Home Delivery remain at \$0 copay.
Brand Name	Greater of 5% or \$8.95
<b>2020 Monthly Premium</b>	<b>\$80.69</b>

\*Most specialty medications can only be dispensed up to a 31 day supply.