

YOUR BENEFITS GUIDE – PRESCRIPTION DRUG PLAN OPTIONS

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.

However, under the **Limited Rx** plan, once members reach their Initial Coverage Limit of \$4,130 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 discounted retail cost – whichever is LESS.

Once the \$6,550 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 \$3.70 for generics and \$9.20 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 \$4,130, 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% of the discounted retail cost, 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.

EB Retiree Prescription Drug Plan LIMITED Rx		
Medicare Part D Prescription Drug Benefit		
Provided By Express Scripts Insurance Company		
Benefit Period Start	January 1, 2021	
Benefit Period End	December 31, 2021	
Plan Deductible	NO Deductible	
During the Initial Coverage Stage, you pay copays until your total drug cost reaches \$4,130 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 \$4,130 in 2021, you enter the Coverage Gap and pay the following cost share until your TRUE out-of-pocket (TROOP) reaches \$6,550:		
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 \$6,550 TRUE Out-of-Pocket is reached in 2021, you enter the Catastrophic Stage and you pay the following for the remainder of the year:		
Generic Drugs	Greater of 5% or \$3.70	
Brand Name	Greater of 5% or \$9.20	
2021 Monthly Premium		\$107.61

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