<b>2024 Electric Boat Retiree Prescription Drug Plans</b>
Provided by Express Scripts Insurance Company

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	Unlimited Rx		Limited Rx		Value Rx	
Plan Deductible	NO Deductible		NO Deductible		\$200 for Brand Name Drugs Only	
During the Initial Coverage Stage, you pay copays until your total drug cost reaches \$5,030 Total drug cost = your copays + payments from the plan						
	You pay the	following for u	p to a 31 day su	pply at a Retail	Pharmacy	
	Preferred Pharmacies	Standard Pharmacies	Preferred Pharmacies	Standard Pharmacies	Preferred Pharmacies	Standard Pharmacies
Preferred Generic	\$15	Ф20	Φ1.7	\$20	\$2	\$7
Generic		\$20	\$15		\$10	\$15
Preferred Brand	\$40	\$45	\$40	\$45	\$40	\$50
Non-Preferred	\$60	\$65	\$60	\$65	40%	45%
Specialty	\$60	\$65	\$60	\$65	30%	33%
	You pay the	following for u	p to a 90 day su	pply at a Retail	Pharmacy	
Preferred Generic	\$45	\$50	\$45	\$50	\$5	\$15
Generic	\$45				\$30	\$40
Preferred Brand	\$120	\$125	\$120	\$125	\$120	\$150
Non-Preferred	\$180	\$185	\$180	\$185	40%	45%
Specialty	\$180	\$185	\$180	\$185	30%	33%
You j	pay the following	g for up to a 90	day supply thro	ugh Express Sci	ripts Home Deliv	ery
Preferred Generic	\$30		\$30		\$0	
Generic						
Preferred Brand	\$80		\$80		\$110	
Non-Preferred	\$120		\$120		40%	
Specialty	\$120		\$120		30%	

## **2024 Electric Boat Retiree Prescription Drug Plans Provided by Express Scripts Insurance Company**

	Unlimited Rx	Limited Rx	Value Rx		
If your total drug cost reaches \$5,030 in 2024, you enter the Coverage Gap and pay the following cost share until					
your TRUE out-of-pocket (TROOP) reaches \$8,000:					

Preferred Generic  Generic		Lesser of the same generic copay as Initial Coverage Stage or 25%	
Preferred Brand	Same Copay as Initial Coverage Stage	25%	25%
Non-Preferred	Same Copay as Initial Coverage Stage	25%	25%
Specialty	25%	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. If you reach the \$8,000 TROOP in 2024, you enter the Catastrophic Stage and pay the following for the remainder of the year:

Generic Drugs	\$0	\$0	\$0	
Brand Name	ΦU	<b>3</b> 0		
Member Cost Cap	\$3,500	Limited Rx and Value Rx Plans do not have a cost cap in 2024		
2024 Monthly Premium	\$205.00 for 2024, 2025 & 2026	\$127.00	\$89.00 for 2024, 2025 & 2026	

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