

HOW MUCH YOU WILL PAY IN 2020	BASIC MEDICARE Rx OPTION	
PRESCRIPTION DRUGS	Retail Pharmacy	Mail Order
Annual Deductible	\$100 (excludes generics)	
Initial Coverage Up to a Total Drug Cost of \$4,020*		
Preferred generic drugs (Tier 1)	\$5 maximum for up to a 30-day supply; \$15 for a 31- to 90-day supply	\$15 for a 31- to 90-day supply
Non-preferred generic drugs (Tier 2)	\$12 maximum for up to a 30-day supply; \$36 for a 31- to 90-day supply	\$36 for a 31- to 90-day supply
Preferred brand-name drugs (Tier 3)	30% to a maximum of \$200 for up to a 30-day supply and \$500 for a 31- to 90-day supply	30% to a maximum of \$450 for a 31- to 90-day supply
Non-preferred drugs (Tier 4)	40%	40%
Specialty drugs (Tier 5; limited to a 30-day supply)	30%	30%
Coverage Gap to TrOOP Maximum of \$6,350**		
Generic drugs***	25%	25%
Brand-name drugs***	25% (plan pays 5% and manufacturer discounts 70%)	
Catastrophic Coverage		
Generic drugs***	The greater of 5% or \$3.60 to a maximum of \$250	
Brand-name drugs***	The greater of 5% or \$8.95 to a maximum of \$250	

* Includes total combined costs for covered drugs paid by the plan and participant

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** True Out of Pocket (TrOOP) includes costs for covered drugs paid by the participant (but not the plan) and manufacturer's discount

*** Including specialty drugs