

HOW MUCH YOU WILL PAY IN 2020	ENHANCED MEDICARE R <sub>x</sub> OPTION	
PRESCRIPTION DRUGS	Retail Pharmacy	Mail Order
Annual Deductible	\$0	\$0
<b>Initial Coverage Up to a Total Drug Cost of \$4,020*</b>		
Preferred generic drugs (Tier 1)	\$4 maximum for up to a 30-day supply; \$12 for a 31- to 90-day supply	\$12 for a 31- to 90-day supply
Non-preferred generic drugs (Tier 2)	\$11 maximum for up to a 30-day supply; \$33 for a 31- to 90-day supply	\$33 for a 31- to 90-day supply
Preferred brand-name drugs (Tier 3)	25% to a maximum of \$150 for up to a 30-day supply and \$300 for a 31- to 90-day supply	25% to a maximum of \$280 for a 31- to 90-day supply
Non-preferred drugs (Tier 4)	35% to a maximum of \$200 for up to a 30-day supply and \$400 for a 31- to 90-day supply	35% to a maximum of \$380 for a 31- to 90-day supply
Specialty drugs (Tier 5; limited to a 30-day supply)	33%	33%
<b>Coverage Gap to TrOOP Maximum of \$6,350**</b>		
Generic drugs***	25%	25%
Brand-name drugs***	25% (plan pays 5% and manufacturer discounts 70%)	
<b>Catastrophic Coverage</b>		
Generic drugs***	The greater of 5% or \$3.60 to a maximum of \$100	
Brand-name drugs***	The greater of 5% or \$8.95 to a maximum of \$100	

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

\*\* 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