

HOW MUCH YOU WILL PAY IN 2020	ENHANCED MEDICARE Rx OPTION		BASIC MEDICARE Rx OPTION		VALUE MEDICARE Rx OPTION	
PRESCRIPTION DRUGS	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0	\$100 (excludes generics)		\$435 (excludes preferred generic drugs)	
<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	\$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	\$2 for a 30-day supply; \$6 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	\$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	25%	25%
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	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	25%	25%
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	40%	40%	25%	25%
Specialty drugs (Tier 5; limited to a 30-day supply)	33%	33%	30%	30%	25%	25%
<b>Coverage Gap to TrOOP Maximum of \$6,350**</b>						
Generic drugs***	25%	25%	25%	25%	25%	25%
Brand-name drugs***	25% (plan pays 5% and manufacturer discounts 70%)		25% (plan pays 5% and manufacturer discounts 70%)		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		The greater of 5% or \$3.60 to a maximum of \$250		The greater of 5% or \$3.60	
Brand-name drugs***	The greater of 5% or \$8.95 to a maximum of \$100		The greater of 5% or \$8.95 to a maximum of \$250		The greater of 5% or \$8.95	

\* 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