

HOW MUCH YOU WILL PAY IN 2021	BASIC MEDICARE Rx OPTION	
PRESCRIPTION DRUGS	Retail Pharmacy	Mail Order
Annual Deductible	\$100 (excludes generics)	
<b>Initial Coverage Up to a Total Drug Cost of \$4,130*</b>		
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%
<b>Coverage Gap to TrOOP Maximum of \$6,550**</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 \$3.70 to a maximum of \$250	
Brand-name drugs***	The greater of 5% or \$9.20 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