

HOW MUCH YOU WILL PAY IN 2024	VALUE MEDICARE Rx OPTION	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$545 (excludes preferred generic drugs)	
<b>Initial Coverage Up to a Total Drug Cost of \$5,030*</b>		
Preferred generic drugs (Tier 1)	\$2 for a 30-day supply; \$6 for a 31- to 90-day supply	
Generic drugs (Tier 2)	25%	25%
Preferred brand-name drugs (Tier 3)	25%	25%
Non-preferred drugs (Tier 4)	25%	25%
Specialty drugs (Tier 5; limited to a 30-day supply)	25%	25%
<b>Coverage Gap to TrOOP Maximum of \$8,000**</b>		
Generic drugs***	25%	25%
Brand-name drugs***	25% (plan pays 5% and manufacturer discounts 70%)	
<b>Catastrophic Coverage</b>		
Generic drugs***		\$0
Brand-name drugs***		\$0

\* 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