

Broker Training Only - 2019 Benefit Plan

(This document must not be used for sales purposes. The benefits shown in this document have not yet been approved by CMS.)

Premium Range: \$13.60 - \$15.60

Service Area Expanded

Connecticut, Delaware, District of Columbia, Georgia, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Vermont, Washington, West Virginia

Deductible:

\$0 for tiers 1 & 2

\$315 - \$365 for tiers 3 - 5

Initial Coverage Stage

Amount you pay until you and the plan pay a total of \$3,820 (includes deductible) for covered prescription drug expenses

Tier Name	30-day supply you pay:		90-day supply you pay:	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 – Preferred Generic	\$1	\$19	\$2 (retail); \$0 (mail)	\$57
Tier 2 – Generic	\$6	\$20	\$18 (retail); \$6 (mail)	\$60
Tier 3 – Preferred Brand	\$29 - \$35	\$47	\$96 - \$105	\$141
Tier 4 – Non-Preferred Drug	33% - 38%	38% - 44%	33% - 38%	38% - 44%
Tier 5 – Specialty	25% - 26%	25% - 26%	25% - 26%	25% - 26%

Coverage Gap Stage

Amount of out-of-pocket costs you pay between \$3,820 and \$5,100 in total prescription drug expenses.

30-day or 90-day supply you pay:

Generic	No more than 37% of the cost 25% of the negotiated price and a portion of the dispensing fee
Brand	

Catastrophic Stage

Amount you pay after \$5,100 in annual out-of-pocket covered prescription drug expenses.

30-day or 90-day supply you pay:

Generic	Greater of \$3.40 or 5% Greater of \$8.50 or 5%
Brand	