



2018 Prescription Drug Benefit Medicare Part D PDP 000G

January 1, 2018 – December 31, 2018

Prescription Drug Benefits Deductible and Limits on How Much You Pay for Covered Services

Annual Deductible

How much is the deductible: \$405 per calendar year.

There is no deductible for generics. You begin in the Initial Coverage Stage when you fill your first generic prescription of the year.

Initial Coverage

You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

30 Day Retail Pharmacy Copay	90 Day Retail Pharmacy Copay
25% coinsurance	25% coinsurance

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there may be a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.

After you enter the coverage gap, you pay 35% of the plan’s cost for covered brand name drugs and 25% of the plans’ cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000

- **You pay the greater of:**
 - 5% of the cost, or
 - \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs.
 - **than the copay amount for the drug tier**
- **Our plan pays the rest** of the cost of covered drugs.