

## Broker Training Only - 2019 Benefit Plan

(This document must not be used for sales purposes. This is a preview of what you will see in your training and not for public use.)

### Premium Range: \$14.50 - \$16.50

#### Service Area

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
Brand	25% of the negotiated price and a portion of the dispensing fee

#### 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%
Brand	Greater of \$8.50 or 5%