

ELECTRIC BOAT RETIREE UNLIMITED PRESCRIPTION DRUG PLAN

Medicare Part D Prescription Drug Benefit		
Provided By Express Scripts Insurance Company		
Benefit Period Start	January 1, 2018	
Benefit Period End	December 31, 2018	
Plan Deductible	NO Deductible	
Retail Copayments During the Initial Coverage Stage You pay the following until your total yearly drug costs reach \$3,750 Total yearly drug costs = your copays + payments from the plan		
Up to a 31 day supply at a Retail Pharmacy		
	Preferred Pharmacies	Standard Pharmacies
Tier 1 Generic	\$15	\$20
Tier 2 Preferred Brand	\$40	\$45
Tier 3 Non-Preferred	\$60	\$65
Tier 4 Specialty	\$60	\$65
Up to a 90 day supply at a Retail Pharmacy		
	Preferred Pharmacies	Standard Pharmacies
Tier 1 Generic	\$45	\$60
Tier 2 Preferred Brand	\$120	\$135
Tier 3 Non-Preferred	\$180	\$195
Tier 4 Specialty*	\$180	\$195
Up to a 90 day supply through Express Scripts Home Delivery		
Tier 1 Generic	\$30	
Tier 2 Preferred Brand	\$80	
Tier 3 Non-Preferred	\$120	
Tier 4 Specialty*	\$120	
After your total yearly drug cost reaches \$3,750, you enter the Coverage Gap and pay the applicable cost share as shown below until your TRUE out-of-pocket (TROOP) reaches \$5,000		
	Preferred Pharmacies	Standard Pharmacies
Tier 1 Generic	Lesser of the same generic copay as Initial Coverage Stage or 44%	
Tier 2 Preferred Brand	Same Copay as Initial Coverage Stage	
Tier 3 Non-Preferred	Same Copay as Initial Coverage Stage	
Tier 4 Specialty*	25%	33%
Your TRUE out-of-pocket (TROOP) includes any costs you incur for your covered drugs PLUS the 50% pharmaceutical manufacturer discount you receive on brand name drugs while in the Coverage Gap. Once the \$5,000 TRUE Out-of-Pocket (TROOP) is reached in 2018, you enter the Catastrophic Stage and you pay the following:		
Generic Drugs	Greater of 5% or \$3.35	
Brand Name	Greater of 5% or \$8.35	
Member Out of Pocket Cost Cap	\$5,000	
2018 Monthly Premium	\$165.28	

*Most specialty medications can only be dispensed up to a 31 day supply.

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Tier 2 Preferred Brand	35%	
Tier 3 Non-Preferred	35%	
Tier 4 Specialty	35%	
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Generic Drugs	Greater of 5% or \$3.35	
Brand Name	Greater of 5% or \$8.35	
2018 Monthly Premium		
\$89.39		

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