

Your 2015 Prescription Drug Benefit Chart
10/20/20/20% up to \$100 (with Senior Rx Plus)
City of Suffolk
Effective January 1, 2015

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

| | |
|-------------------------|---------------------|
| Formulary | Closed |
| Deductible | \$0 |
| Covered Services | What you pay |

Part D Initial Coverage

Below is your payment responsibility from the time you meet your deductible, if you have one, until the amount paid by you and the Coverage Gap Discount Program for covered prescriptions reaches your True Out of Pocket limit of \$4,700.

| Retail Pharmacy | per 30-day supply (Specialty limited to a 30-day supply) |
|---------------------------------------|---|
| • Select Generics | \$0 copay |
| • Generics | \$10 copay |
| • Preferred Brands | \$20 copay |
| • Non-Preferred Brands | \$20 copay |
| • Specialty Drugs (Generic and Brand) | 20% coinsurance with a maximum copay of \$100 |

Typically retail pharmacies dispense a 30-day supply of medication. Some of our retail pharmacies can dispense up to a 90-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

| Mail Order Pharmacy | per 90-day supply (Specialty limited to a 30-day supply) |
|---------------------------------------|---|
| • Select Generics | \$0 copay |
| • Generics | \$20 copay |
| • Preferred Brands | \$40 copay |
| • Non-Preferred Brands | \$40 copay |
| • Specialty Drugs (Generic and Brand) | 20% coinsurance with a maximum copay of \$100 |

| Covered Services | What you pay |
|---|---|
| Part D Catastrophic Coverage | |
| Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of \$4,700. | |
| <ul style="list-style-type: none"> Select Generics | \$0 copay |
| <ul style="list-style-type: none"> Generic Drugs | 5% coinsurance with a minimum copay of \$2.65 and a maximum copay of \$10.00 (Specialty limited to a 30-day supply) |
| <ul style="list-style-type: none"> Brand-Name Drugs | 5% coinsurance with a minimum copay of \$6.60 and a maximum copay of \$20.00 (Specialty limited to a 30-day supply) |
| Extra Covered Drugs | |
| These are drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays. These drugs are covered by your Senior Rx Plus benefits. | |
| Cough and Cold DESI Vitamins and Minerals Lifestyle drugs, including Erectile Dysfunction (ED) | See Formulary for complete list of drugs covered |
| <ul style="list-style-type: none"> Generics | You pay your Retail or Mail Order copay |
| <ul style="list-style-type: none"> Preferred Brands | You pay your Retail or Mail Order copay |
| <ul style="list-style-type: none"> Non-Preferred Brands | You pay your Retail or Mail Order copay |
| Non-Part D Diabetic Supplies | Lancets Urine Test Strips Blood Sugar Diagnostics |
| <ul style="list-style-type: none"> Prescription – Retail Pharmacy | \$20 copay |
| <ul style="list-style-type: none"> Prescription – Mail Order Pharmacy | \$40 copay |
| Non-Part D Diabetic Supplies | Glucometers |
| <ul style="list-style-type: none"> Prescription | \$20 copay |

- Vaccines:** Medicare covers some vaccines under Part B medical coverage and other vaccines under Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever, and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under medical coverage if you fall into a high risk category and under drug coverage for everyone else. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65.
- Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefit chart is the amount you pay for covered drugs filled at network pharmacies.