

HOW MUCH YOU WILL PAY IN 2025	MEDICARE PLUS Rx OPTION	
PRESCRIPTION DRUGS	Retail Pharmacy	Mail Order
Annual Deductible	\$200 (excludes generics)	
Initial Coverage Up to an Out-of-Pocket Threshold of \$2,000*		
Preferred generic drugs (Tier 1)	\$4 maximum for up to a 30-day supply; \$12 for a 31- to 90-day supply	\$12 for a 31- to 90-day supply
Non-preferred generic drugs (Tier 2)	\$10 maximum for up to a 30-day supply; \$30 for a 31- to 90-day supply	\$30 for a 31- to 90-day supply
Preferred brand-name drugs (Tier 3)	20%	20%
Non-preferred drugs (Tier 4)	25%	25%
Specialty drugs (Tier 5; limited to a 30-day supply)	30%	30%
<b>Catastrophic Coverage**</b>		
Generic drugs***		\$0
Brand-name drugs***		\$0

\* Includes total costs for covered drugs paid by the participant.

\*\* Under the Medicare Plus Rx Option, you may have cost sharing for drugs that are covered under our bonus drug list.

\*\*\* Including specialty drugs.