

## Your 2021 Prescription Drug Benefits Chart for

### UC High Option Supplement to Medicare

*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.*

<b>Formulary</b>	<b>Enhanced</b>
<b>Deductible</b>	<b>None</b>
<b>Drug Plan Out of Pocket per calendar year</b>	<b>\$1,000</b>
<b>Covered Services</b>	<b>What you pay</b>

#### Part D Initial Coverage

Below is your payment responsibility until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your True Out of Pocket limit of \$6,550. Important Note: Once you reach your \$1,000 Drug Plan Out of Pocket, you no longer pay a copay or coinsurance for your drugs until the next calendar year begins.

<b>Retail Pharmacy</b>	<b>per 30-day supply</b>
• Select Generics	\$0 copay
• Generics	\$10 copay
• Preferred Brands	\$30 copay
• Non-Preferred Drugs	\$45 copay
• Specialty Drugs	\$30 copay
• Diabetic Supplies – Alcohol Swabs and Gauze	\$10 copay
• Diabetic Supplies – Insulin Syringes	\$30 copay
• Part D Preventive Vaccines	\$0 copay

Many of our retail pharmacies can dispense more than a 30-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. If you purchase more than a 30-day supply at one of the UC Medical Center retail pharmacies or Costco, CVS, Vons/Safeway or Walgreens, you only pay the mail-order copay shown below.

Covered Services	What you pay
<b>Mail-Order Pharmacy</b>	per 90-day supply
• Select Generics	\$0 copay
• Generics	\$20 copay
• Preferred Brands	\$60 copay
• Non-Preferred Drugs	\$90 copay
• Specialty Drugs	\$60 copay
• Diabetic Supplies – Alcohol Swabs and Gauze	\$20 copay
• Diabetic Supplies – Insulin Syringes	\$60 copay
<b>Part D Catastrophic Coverage</b>	
If you have not already met your \$1,000 Drug Plan Out of Pocket, 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 \$6,550.	
<b>Retail and Mail-Order Pharmacies</b>	Up to a 90-day supply
• Select Generics	\$0 copay
• Generic Drugs	\$0 copay
• Brand-Name Drugs	\$0 copay

- **Smoking Cessation Drugs:** Your plan includes coverage for smoking cessation drugs prescribed by a physician. See Formulary for a complete list of drugs covered.
- **Transgender Changes or Gender Identity Disorder Drugs:** You pay the applicable drug tier copay under retail or mail order. See Formulary for a complete list of drugs covered.
- **Vaccines:** Medicare covers some vaccines under Part B medical coverage and other vaccines under Part D drug coverage. Your UC drug plan provides coverage for both Part B and Part D vaccines at no cost when purchased at a network pharmacy. You also have coverage for vaccines administered at a physician's office, however the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your UC drug plan to pay its share of the cost. Please see your Evidence of Coverage for complete details on what you pay for vaccines covered by Part D. A list of Part D covered vaccines are included in your formulary. Part B covered vaccines are listed in the benefits chart.
- **Drug Plan Out of Pocket:** Once the cost you have paid for covered drugs reaches \$1,000 your plan will cover 100% of the cost of covered drugs. You will no longer have to pay a copay or coinsurance for covered drugs until the next calendar year begins.

- **Coverage for Out of Country Drugs:** Outpatient prescription drugs are not covered by Medicare Part D plans when they are filled by pharmacies outside of the United States. Your UC plan provides coverage for outpatient prescription drugs when all of the following apply:
  - You are outside the 50 United States, District of Columbia and all U.S. Territories for less than six months,
  - You remain a permanent resident of the United States while you are out of country,
  - The drug is approved by the Food and Drug Administration (FDA), and
  - The drug would be a covered drug by your plan if the drug was filled by a pharmacy located within the United States.

When you receive coverage for outpatient prescription drugs filled at a pharmacy outside the United States, you will need to pay the full cost of the drug and request that we reimburse you for our share. Your share of a covered outpatient drug will be your coinsurance or copayment amount. Please see “How to ask us to pay you back” for detailed instructions.

## Your 2021 Extra Covered Drugs Benefits Chart

Covered Services	What you pay
<b>Extra Covered Drugs</b>	
These are prescription drugs that are covered by your UC retiree drug plan that are often excluded from Part D coverage. These prescription drugs are covered by your Senior Rx Plus benefits. Some of these drugs may be required on your UC retiree drug plan by state regulations. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.	
<b>Retail Pharmacy</b>	per 30-day supply
<b>Cough and Cold Vitamins and Minerals</b>	See Drug List for complete list of drugs covered
• Generics	\$10 copay
• Preferred Brands	\$30 copay
• Non-Preferred Drugs	\$45 copay
<b>Erectile Dysfunction (ED)</b>	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
• Generics	\$10 copay
• Preferred Brands	\$30 copay
• Non-Preferred Drugs	\$45 copay
<b>Other Non-Part D Coverage</b>	Copay or coinsurance
• Part B Diabetic Supplies – Lancets, Blood Sugar Diagnostics and Calibration Solutions	\$0 copay
• Part B Diabetic Supplies - Glucometers	\$0 copay per Covered Device
• Part B Preventive Vaccines – Influenza, Pneumonia and Hepatitis B per injection	\$0 copay
• Contraceptive Devices	Limit 1 per year; \$0 copay per Covered Device
<b>Mail-Order Pharmacy</b>	per 90-day supply
<b>Cough and Cold Vitamins and Minerals</b>	See Drug List for complete list of drugs covered
• Generics	\$20 copay
• Preferred Brands	\$60 copay
• Non-Preferred Drugs	\$90 copay

Covered Services	What you pay
<b>Erectile Dysfunction (ED)</b>	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$60 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Drugs</li> </ul>	\$90 copay
<b>Other Non-Part D Coverage</b>	Copay or coinsurance
<ul style="list-style-type: none"> <li>• Part B Diabetic Supplies – Lancets, Blood Sugar Diagnostics and Calibration Solutions</li> </ul>	\$0 copay
<ul style="list-style-type: none"> <li>• Part B Diabetic Supplies - Glucometers</li> </ul>	\$0 copay per Covered Device
<ul style="list-style-type: none"> <li>• Contraceptive Devices</li> </ul>	Limit 1 per year; \$0 copay per Covered Device