

Prescription Drug Benefit Highlights

Illinois Department of Central Management Services
 Teachers' Retirement Insurance Program (TRIP) 12809
 Effective January 1, 2020 to December 31, 2020

This is a short description of your 2020 prescription drug benefits only. For complete information on both your medical and prescription drug benefits, please refer to your Summary of Benefits or Evidence of Coverage.

Prescription Drugs

| | Your Cost | | |
|---|--|---|---|
| Initial Coverage Stage | Network Pharmacy (30-day retail supply) | Network Pharmacy (31 to 60-day retail supply) | Network Pharmacy (61 to 90-day retail supply) |
| Tier 1: Preferred Generic | \$10 copay | \$20 copay | \$30 copay |
| Tier 2: Preferred Brand (includes some generics) | \$25 copay | \$50 copay | \$75 copay |
| Tier 3: Non-preferred Drug (includes some generics) | \$50 copay | \$100 copay | \$150 copay |
| Tier 4: Specialty Tier | \$50 copay | \$100 copay | \$150 copay |
| | Your Cost | | |
| Initial Coverage Stage | Mail Order Pharmacy (30-day supply) | Mail Order Pharmacy (31 to 60-day supply) | Mail Order Pharmacy (61 to 90-day supply) |
| Tier 1: Preferred Generic | \$10 copay | \$20 copay | \$25 copay |
| Tier 2: Preferred Brand (includes some generics) | \$25 copay | \$50 copay | \$62.50 copay |
| Tier 3: Non-preferred Drug (includes some generics) | \$50 copay | \$100 copay | \$125 copay |
| Tier 4: Specialty Tier | \$50 copay | \$100 copay | \$125 copay |
| Coverage Gap Stage (after your prescription costs reach \$4,020) | The plan covers all formulary drugs through the coverage gap at the same copays listed above. | | |
| Catastrophic Coverage Stage (after you have paid \$6,350 out-of-pocket) | For up to a 30-day, 60-day or 90-day supply: You pay the greater of either 5% coinsurance (not to exceed \$50) or \$3.60 copay for generic or \$8.95 copay for brand. | | |



Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your drug list (formulary). Please see your Additional Drug Coverage document for more information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change each plan year.