

| PHASE  | PAID BY PATIENT  | PAID BY PLAN   | PHASE LIMIT  |
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| <b>Deductible</b><br>If the plan has a deductible.   | PATIENT<br><br>100%<br>generics or brands *                                    |  | <b>Limit: \$505</b><br>Maximum <b>Deductible</b> limit<br>(maximum patient cost)<br><br>*some plans have coverage during the deductible<br>for certain medications, most commonly tier 1 drugs |
| <b>Initial Coverage</b><br><b>Starts</b> once the plan's<br>deductible is met.                 | PATIENT<br><br>Tier Copay or<br>Coinsurance<br>generics or brands **           | PLAN<br><br>the difference   | <b>Limit: \$4,660</b><br>Total drug costs limit (includes what<br>patient pays and what plan pays)<br><br>** varies depending on plan and drug tier  |
| <b>Gap (Donut Hole)</b><br><b>Starts</b> when total full<br>cost of drugs reaches \$4,660.     | PATIENT<br><br>25%<br>generics<br><br>25%<br>brands                            | PLAN<br><br>75%<br>generics<br><br>5% + 70%<br>(plan + drug manufacturer) brands | <b>Limit: \$7,400</b><br><br>TrOOP, or True out of Pocket, is a combination of<br>all of the patient copays as well as what the drug<br>manufacturer pays for any brand medication             |
| <b>Catastrophic</b><br><b>Starts</b> when the patient's true<br>out-of-pocket reaches \$7,400. | PATIENT<br><br>5% or \$4.15<br>generics ***<br><br>5% or \$10.35<br>brands *** | PLAN<br><br>15%<br><br>80%<br>Medicare<br>(federal government subsidy)           | <b>Limit: End of Year</b><br><br>*** whichever is greater  |