

In accordance with CMS guidelines, the following amounts are changing. See below:

Plan Name	Pharmacy Deductible	Initial Coverage Limit (Low Option Only)	Annual Out-of-Pocket Maximum	Charges Applied to Out-of-Pocket Maximum
HealthChoice Employer PDP High Option With Part D	Not applicable	Not applicable	Increases from \$4,700 to \$4,750	All out-of-pocket costs for covered drugs purchased at Network Pharmacies count toward the annual out-of-pocket maximum
HealthChoice High Option Without Part D				
HealthChoice Employer PDP Low Option With Part D	Increases from \$320 to \$325	Increases from \$2,930 to \$2,970		
HealthChoice Low Option Without Part D				

Following is a chart of the new copay structure for the High Option plans:

Prescription Medications	30-Day Supply	90-Day Supply
Generic (Tier 1) Drugs	You pay cost of drug up to a maximum of \$10	You pay cost of drug up to a maximum of \$25
Preferred (Tier 2) Drugs	If the cost of the drug is \$60 or less, you pay up to \$15 or the cost of drug, if less If the cost of the drug is more than \$60, you pay 25% up to a maximum of \$30	If the cost of the drug is \$120 or less, you pay up to \$30 or the cost of the drug, if less If the cost of the drug is more than \$120, you pay 25% up to a maximum of \$60
Non-Preferred (Tier 3) Drugs	If the cost of the drug is \$60 or less, you pay up to \$30 or the cost of the drug, if less If the cost of the drug is more than \$60, you pay 50% up to a maximum of \$60	If the cost of the drug is \$120 or less, you pay up to \$60 or the cost of the drug, if less If the cost of the drug is more than \$120, you pay 50% up to a maximum of \$120
Specialty (Tier 4) Drugs	For Specialty drugs, including generics, you pay \$60	Specialty drugs are available only in a 30-day supply