

## UNDERSTANDING THE COVERAGE GAP

There are three stages of coverage in your drug plan: the initial coverage stage, the coverage gap stage and the catastrophic coverage stage. Before you experience those stages, there is the yearly deductible stage. However, because there is no deductible for the drug plan, this payment stage does not apply to you.

Group MedicareBlue<sup>SM</sup> Rx (PDP), along with most other drug plans, has a coverage gap. This means there is a temporary limit on how much your plan will cover for your drugs. Since the coverage gap only begins after you and your plan have spent a certain amount on drugs, not everyone will enter the coverage gap.

> TRUE OUT-OF-POCKET costs reach \$6,550

1. INITIAL COVERAGE 2. COVERAGE GAP 3. CATASTROPHIC COVERAGE



**TOTAL YEARLY DRUG** costs reach \$4,130

- **INITIAL COVERAGE** You'll pay copays or coinsurance for your drugs based on your plan design. You'll be in this stage until your total yearly drug costs reach \$4,130.
  - Total yearly drug costs are the amounts that you and the plan have paid for drugs in a calendar year. This does not include any premiums.
- **COVERAGE GAP** You're in the coverage gap stage once your total yearly drug costs reach \$4,130. During this phase, if you're enrolled in the \$5/\$10/20%/45%/33% plan you will:
  - Pay up to a \$5 copay for Tier 1 drugs and a \$10 copay for Tier 2 drugs on a 30-day supply.
  - Pay no more than 25 percent of the plan's costs for all other generic and brand-name drugs on Tier 3, Tier 4 and Tier 5.

You'll stay in the coverage gap until your true out-of-pocket costs reach \$6,550.

True out-of-pocket costs are the amounts you have paid for drugs covered under your plan in a calendar year. This amount does not include any premiums or costs paid by your plan.

- **CATASTROPHIC COVERAGE** You're in the catastrophic coverage stage once your true out-of-pocket costs reach \$6,550. Once you reach this stage you will pay whichever amount is greater:
  - \$3.70 copay for covered generic drugs (including brand-name drugs treated as generic) and an \$9.20 copay for all other drugs.
  - Five percent of the cost of covered drugs.

## **QUESTIONS?**

**Enrolled members** call 877-838-3827 8 a.m. - 8 p.m.,daily, CT (TTY 711).

