

## 2020 Prescription Plans

Benefits	Traditional Plan	Consumer Driven Plan
Initial Coverage Stage (\$0 - \$4,020 in total yearly drug costs)	\$4,020	\$4,020
<b>Deductible:</b>	\$0	\$435
<b>Generic:</b> 30 Day Supply 90 Day Supply Mail Order 90 Day	\$10 \$30 \$15	25%
<b>Brand Preferred:</b> 30 Day Supply 90 Day Supply Mail Order 90 Day	\$30 \$90 \$45	25%
<b>Brand Non-Preferred:</b> 30 Day Supply 90 Day Supply Mail Order 90 Day	\$40 \$120 \$60	25%
<b>Specialty:</b> 30 Day Supply 90 Day Supply Mail Order 90 Day	12% 12% 12%	25%
Coverage Gap Stage (until your yearly out-of- pocket reaches \$6,350)	Member cost share for all drugs is the same as Initial Coverage stage	Member cost share for all drugs is the same as Initial Coverage stage
Non Part D Drugs	Covered	Not Covered
TrOOP Threshold Catastrophic Coverage Stage (>\$6,350)	\$6,350 Greater of 5% OR \$3.60 per Generic and \$8.95 co-pay all other drugs	\$6,350 Greater of 5% OR \$3.60 per Generic and \$8.95 co-pay all other drugs

Available beginning November 1, 2019, Express Scripts Dedicated Customer  
Service for **SCHOOLCARE**: (866) 838-3932