

**Broker Support**

Phone: 1-844-348-9604

Email: envisionagentsupport@envisionrx.com

Broker Training Only - 2018 Benefit Plan

(This document not available for Sales purposes)

Premium Reduced: \$12.60

Service Area Expanded

Connecticut, Delaware, District of Columbia, Georgia, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Vermont, Washington, West Virginia

Deductible: Applies to Drugs in Tier 3-5: \$300

Initial Coverage Stage

Amount you pay until you and the plan pay a total of \$3,750 (includes deductible) for covered prescription drug expenses

| | 30-day supply you pay: | | 90-day supply you pay: | |
|--------------------------------|------------------------|-----------------------|---------------------------|-----------------------|
| Tier Name | Preferred Cost Sharing | Standard Cost Sharing | Preferred Cost Sharing | Standard Cost Sharing |
| Tier 1 – Preferred Generics | \$1 | \$15 | \$2 (retail); \$0 (mail) | \$45 |
| Tier 2 – Non-Preferred Generic | \$6 | \$20 | \$18 (retail); \$9 (mail) | \$60 |
| Tier 3 – Preferred Brand | \$29 (\$34 OR/WA) | \$47 | \$87; \$102 (OR/WA) | \$141 |
| Tier 4 – Non-Preferred Brand | 35% - 43% | 41% - 50% | 35% - 43% | 41% - 50% |
| Tier 5 – Specialty Drugs | 27% | 27% | Not Offered | Not Offered |

Coverage Gap Stage

Amount of out-of-pocket costs you pay between \$3,750 and \$5,000 in total prescription drug expenses.

30-day or 90-day supply you pay:

| | |
|---------|---|
| Generic | No more than 44% of the cost 35% of the negotiated price and a portion of the dispensing fee |
| Brand | |

Catastrophic Stage

Amount you pay after \$5,000 in annual out-of-pocket covered prescription drug expenses.

30-day or 90-day supply you pay:

| | |
|---------|--|
| Generic | Greater of \$3.35 or 5% Greater of \$8.35 or 5% |
| Brand | |