

## II RIPEA ADVANTAGE PLAN DRUG FORMULARIES FOR 2023

DRUG PLANS	10-P	10-PE	15-P	20-P
<b>A</b>				
<b><u>30 Day Supply (Below \$4660):</u></b>				
- Rx Deductible	None	None	None	\$ 150
- Select Generics	\$ 0	\$ 0	\$ 0	\$ 0
- Preferred Generics	\$ 4	-----	\$ 4	\$ 5
- Generics	\$12	\$15	\$12	\$10
- Preferred Brands	\$42	\$40	\$42	\$45
- Non-Pref Brands	\$95	\$75	\$95	40% to \$250
- Specialty Drugs	33%	25%	\$250	%35 to \$250
<b>B</b>				
<b><u>90 Day Mail-Order (Below \$4660):</u></b>				
- Select Generics	\$ 0	\$ 0	\$ 0	\$ 0
- Preferred Generics	\$ 0	-----	\$ 0	\$ 0
- Generics	\$24	\$30	\$24	\$10
- Preferred Brands	\$84	\$80	\$84	\$90
- Non-Pref Brands	\$190	\$150	\$190	40% to \$500
- Specialty Drugs	33%	25%	\$250	33% to \$250
<b>C</b>				
<b><u>GAP COVERAGE (30 Day Supply) From \$4660 to \$7440 Also Known as the "DONUT HOLE":</u></b>				
- Select Generics	\$ 0	\$ 0	\$ 0	\$ 0
- Preferred Generics	\$ 4	-----	\$ 4	\$ 5
- Generics	\$12	\$15	\$12	\$10
- Preferred Brands	25%	25%	25%	25%
- Non-Preferred Brands	25%	25%	25%	25%
- Specialty Drugs	25%	25%	25%	25%
<b>D</b>				
<b><u>GAP COVERAGE (90 Day Supply) Above \$4660 to \$7440, Also known as the "DONUT HOLE"</u></b>				
- Select Generics	\$ 0	\$ 0	\$ 0	\$ 0
- Preferred Generics	\$ 0	-----	\$ 0	\$ 0
- Generics	\$ 24	\$30	\$ 24	\$10
- Preferred Brands	25%	25%	25%	25%
- Non-Preferred Brands	25%	25%	25%	25%
- Specialty Drugs	25%	25%	25%	25%
<b>E</b>				
<b>CATASTROPHIC COVERAGE: Above \$7440 (90 Day Supply), Specialty Drugs – 30 Days</b>				
- Select Generics	\$ 0	\$ 0	\$ 0	\$ 0
- Generics	\$ 3.70*	\$ 3.70 or *	\$ 3.95*	\$ 3.70
- Brand Name	\$ 9.20 *	\$ 9.20**	\$ 9.85*	\$ 9.20
		5 % or	or 5%	or 5%
<b>Greater of the Copay or:</b>		* \$15	Whichever	Whichever
		** \$40	is greater	is greater

Color Code: **BLACK:** Under \$4660 in Prescription Drug Costs in 2023  
**BLUE:** Over \$4660 and under \$7440  
**RED:** Over \$7440