

II RIPEA ADVANTAGE PLAN DRUG FORMULARIES FOR 2024

DRUG PLANS	10-P	10-PE	15-P	20-P
A				
<u>30 Day Supply (Below \$5,030):</u>				
- 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				
<u>90 Day Mail-Order (Below \$5,030):</u>				
- 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
C				
<u>GAP COVERAGE (30 Day Supply) From \$5,030 to \$8,000 Also Known as the "DONUT HOLE":</u>				
- 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%
D				
<u>GAP COVERAGE (90 Day Supply) Above \$5,030 to \$8,000, Also known as the "DONUT HOLE":</u>				
- 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%
E				
<u>CATASTROPHIC COVERAGE Above \$8,000 (90 Day Supply), Specialty Drugs – 30 Days:</u>				
- 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%
Greater of the Copay or:		* \$15	Whichever	Whichever
		** \$40	is greater	is greater

Color Code: BLACK: Under \$5,030 in Prescription Drug Costs in 2024
 BLUE: \$5,030 to \$8,000
 RED: Over \$8,000