



MedicareRx Plans
insured through UnitedHealthcare®

Summary of Benefits 2008

This Summary of Benefits tells you some features of our plans.

AARP MedicareRx Saver
AARP MedicareRx Preferred
AARP MedicareRx Enhanced

January 1, 2008 - December 31, 2008

Section 1

Introduction to the Summary of Benefits

AARP MedicareRx Saver

AARP MedicareRx Preferred

AARP MedicareRx Enhanced

January 1, 2008 - December 31, 2008

New York

Thank you for your interest in the AARP MedicareRx Plans. Our plans are offered by United Healthcare Insurance Company or United Healthcare Insurance Company of New York (for New York residents), Medicare Prescription Drug Plans that contract with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call UnitedHealthcare and ask for the "Evidence of Coverage."

You have choices in your Medicare Prescription Drug Coverage.

As a Medicare beneficiary, you can choose from different Medicare prescription drug benefit options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like the AARP MedicareRx Plans. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by the AARP MedicareRx Plans to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug benefit.

Where are AARP MedicareRx Plans available?

The service area for these plans include:

New York

You must live in one of these areas to join these plans. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

You cannot enroll in the AARP MedicareRx Enhanced plan if your current or former employer helps pay for your drugs.

Does my plan cover Medicare Part B or Part D drugs?

The AARP MedicareRx Plans do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Where can I get my prescriptions?

The AARP MedicareRx Plans have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. UnitedHealthcare has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescriptions.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

What is a Prescription Drug Formulary?

The AARP MedicareRx Plans use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.AARPMedicareRx.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap issuer to let them know that you have joined a Medicare Prescription Drug Plan.

If you decide to keep your current Medigap supplement policy, your Medigap issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join the AARP MedicareRx Plans. Get this information before you decide to enroll in this plan.

How can I get help with my drug plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join the AARP MedicareRx Plans, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of the AARP MedicareRx Plans, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug

that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy.

Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected.

If you have any questions about this plan's benefits or costs, please contact UnitedHealthcare for details.

Please call UnitedHealthcare for more information about this plan.

Visit us at www.AARPMedicareRx.com or, call us:

- Customer Service hours:
24 hours a day, 7 days a week
- Current members should call **1-888-867-5575**
(TTY/TDD: **1-877-730-4192**)
- Prospective members should call **1-888-867-5564**
(TTY/TDD: **1-877-730-4192**)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (**1-800-633-4227**). TTY/TDD users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web.

If you have special needs, this document may be made available in other formats.

Section 2

Summary of Benefits

Benefit Category	Original Medicare	AARP MedicareRx Saver	AARP MedicareRx Preferred	AARP MedicareRx Enhanced
Premium		You pay \$25.40 each month for your Medicare Part D prescription drug benefits.	You pay 29.80 each month for your Medicare Part D prescription drug benefits.	You pay \$65.80 each month for your Medicare Part D prescription drug benefits.
Prescription Drugs	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)			
		<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.AARPMedicareRx.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). 	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.AARPMedicareRx.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). 	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.AARPMedicareRx.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long-term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service).

Benefit Category	Original Medicare	AARP MedicareRx Saver	AARP MedicareRx Preferred	AARP MedicareRx Enhanced
<p>Prescription Drugs (continued)</p>		<p>Drugs covered under Medicare Part D General (continued)</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AARP MedicareRx Saver for certain drugs.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>	<p>Drugs covered under Medicare Part D General (continued)</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AARP MedicareRx Preferred for certain drugs.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>	<p>Drugs covered under Medicare Part D General (continued)</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AARP MedicareRx Enhanced for certain drugs.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>

Benefit Category	Original Medicare	AARP MedicareRx Saver	AARP MedicareRx Preferred	AARP MedicareRx Enhanced
Prescription Drugs (continued)		In-Network \$275 yearly deductible.	In-Network \$0.00 deductible.	In-Network \$0.00 deductible. Some covered drugs don't count toward your out-of-pocket drug costs.
		Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:	Initial Coverage You pay the following until total yearly drug costs reach \$2,510:	Initial Coverage You pay the following until total yearly drug costs reach \$2,510:
		Retail Pharmacy Tier 1 - Preferred Generic <ul style="list-style-type: none"> • \$5.00 copay for a one-month (31-day) supply of drugs. • \$15.00 copay for a three-month (90-day) supply of drugs. Tier 2 - Preferred Brand <ul style="list-style-type: none"> • \$20.00 copay for a one-month (31-day) supply of drugs. • \$60.00 copay for a three-month (90-day) supply of drugs. Tier 3 - Other Non-Preferred (Generic, Brand) <ul style="list-style-type: none"> • \$49.50 copay for a one-month (31-day) supply of drugs. • \$148.50 copay for a three-month (90-day) supply of drugs. Tier 4 - Specialty (Generic, Brand) <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs. 	Retail Pharmacy Tier 1 - Preferred Generic <ul style="list-style-type: none"> • \$7.00 copay for a one-month (31-day) supply of drugs. • \$21.00 copay for a three-month (90-day) supply of drugs. Tier 2 - Preferred Brand <ul style="list-style-type: none"> • \$30.00 copay for a one-month (31-day) supply of drugs. • \$90.00 copay for a three-month (90-day) supply of drugs. Tier 3 - Other Non-Preferred (Generic, Brand) <ul style="list-style-type: none"> • \$70.25 copay for a one-month (31-day) supply of drugs. • \$210.75 copay for a three-month (90-day) supply of drugs. Tier 4 - Specialty (Generic, Brand) <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs. 	Retail Pharmacy Tier 1 - Preferred Generic <ul style="list-style-type: none"> • \$7.00 copay for a one-month (31-day) supply of drugs. • \$21.00 copay for a three-month (90-day) supply of drugs. Tier 2 - Preferred Brand <ul style="list-style-type: none"> • \$30.00 copay for a one-month (31-day) supply of drugs. • \$90.00 copay for a three-month (90-day) supply of drugs. Tier 3 - Other Non-Preferred (Generic, Brand) <ul style="list-style-type: none"> • \$70.25 copay for a one-month (31-day) supply of drugs. • \$210.75 copay for a three-month (90-day) supply of drugs. Tier 4 - Specialty (Generic, Brand) <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs.

Benefit Category	Original Medicare	AARP MedicareRx Saver	AARP MedicareRx Preferred	AARP MedicareRx Enhanced
Prescription Drugs (continued)		Retail Pharmacy (cont.) <ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of drugs. 	Retail Pharmacy (cont.) <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs. 	Retail Pharmacy (cont.) <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs.
		Long-Term Care Pharmacy <p>Tier 1 - Preferred Generic</p> <ul style="list-style-type: none"> • \$5.00 copay for a one-month (31-day) supply of drugs. <p>Tier 2 - Preferred Brand</p> <ul style="list-style-type: none"> • \$20.00 copay for a one-month (31-day) supply of drugs. <p>Tier 3 - Other Non-Preferred (Generic, Brand)</p> <ul style="list-style-type: none"> • \$49.50 copay for a one-month (31-day) supply of drugs. <p>Tier 4 - Specialty (Generic, Brand)</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs. 	Long-Term Care Pharmacy <p>Tier 1 - Preferred Generic</p> <ul style="list-style-type: none"> • \$7.00 copay for a one-month (31-day) supply of drugs. <p>Tier 2 - Preferred Brand</p> <ul style="list-style-type: none"> • \$30.00 copay for a one-month (31-day) supply of drugs. <p>Tier 3 - Other Non-Preferred (Generic, Brand)</p> <ul style="list-style-type: none"> • \$70.25 copay for a one-month (31-day) supply of drugs. <p>Tier 4 - Specialty (Generic, Brand)</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs. 	Long-Term Care Pharmacy <p>Tier 1 - Preferred Generic</p> <ul style="list-style-type: none"> • \$7.00 copay for a one-month (31-day) supply of drugs. <p>Tier 2 - Preferred Brand</p> <ul style="list-style-type: none"> • \$30.00 copay for a one-month (31-day) supply of drugs. <p>Tier 3 - Other Non-Preferred (Generic, Brand)</p> <ul style="list-style-type: none"> • \$70.25 copay for a one-month (31-day) supply of drugs. <p>Tier 4 - Specialty (Generic, Brand)</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs.
		Mail Order <p>Tier 1 - Preferred Generic</p> <ul style="list-style-type: none"> • \$0.00 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$15.00 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. 	Mail Order <p>Tier 1 - Preferred Generic</p> <ul style="list-style-type: none"> • \$0.00 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$21.00 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. 	Mail Order <p>Tier 1 - Preferred Generic</p> <ul style="list-style-type: none"> • \$0.00 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$21.00 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.

Benefit Category	Original Medicare	AARP MedicareRx Saver	AARP MedicareRx Preferred	AARP MedicareRx Enhanced
Prescription Drugs (continued)		<p>Mail Order (continued)</p> <p>Tier 2 - Preferred Brand</p> <ul style="list-style-type: none"> • \$45.00 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$60.00 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. <p>Tier 3 - Other Non-Preferred (Generic, Brand)</p> <ul style="list-style-type: none"> • \$133.50 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$148.50 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. <p>Tier 4 - Specialty (Generic, Brand)</p> <ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • 25% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. 	<p>Mail Order (continued)</p> <p>Tier 2 - Preferred Brand</p> <ul style="list-style-type: none"> • \$75.00 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$90.00 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. <p>Tier 3 - Other Non-Preferred (Generic, Brand)</p> <ul style="list-style-type: none"> • \$195.75 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$210.75 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. <p>Tier 4 - Specialty (Generic, Brand)</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • 33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. 	<p>Mail Order (continued)</p> <p>Tier 2 - Preferred Brand</p> <ul style="list-style-type: none"> • \$75.00 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$90.00 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. <p>Tier 3 - Other Non-Preferred (Generic, Brand)</p> <ul style="list-style-type: none"> • \$195.75 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$210.75 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. <p>Tier 4 - Specialty (Generic, Brand)</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • 33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.

Benefit Category	Original Medicare	AARP MedicareRx Saver	AARP MedicareRx Preferred	AARP MedicareRx Enhanced
Prescription Drugs (continued)		Coverage Gap After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.	Coverage Gap After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.	Coverage Gap You pay the following: The plan covers all Preferred Generics through the gap.
				Retail Pharmacy Tier 1 - Preferred Generic <ul style="list-style-type: none"> • \$7.00 copay for a one-month (31-day) supply of drugs. • \$21.00 copay for a three-month (90-day) supply of drugs.
				Long-Term Care Pharmacy Tier 1 - Preferred Generic <ul style="list-style-type: none"> • \$7.00 copay for a one-month (31-day) supply of drugs.
				Mail Order Tier 1 - Preferred Generic <ul style="list-style-type: none"> • \$0.00 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy. • \$21.00 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy. For all other covered drugs, after your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.

Benefit Category	Original Medicare	AARP MedicareRx Saver	AARP MedicareRx Preferred	AARP MedicareRx Enhanced
Prescription Drugs (continued)		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance. 	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance. 	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance.
		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p>	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p>	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p>
		<p>Out-of-Network Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:</p> <p>Tier 1 - Preferred Generic • \$5.00 copay for a one-month (31-day) supply of drugs.</p> <p>Tier 2 - Preferred Brand • \$20.00 copay for a one-month (31-day) supply of drugs.</p>	<p>Out-of-Network Initial Coverage You pay the following until total yearly drug costs reach \$2,510:</p> <p>Tier 1 - Preferred Generic • \$7.00 copay for a one-month (31-day) supply of drugs.</p> <p>Tier 2 - Preferred Brand • \$30.00 copay for a one-month (31-day) supply of drugs.</p>	<p>Out-of-Network Initial Coverage You pay the following until total yearly drug costs reach \$2,510:</p> <p>Tier 1 - Preferred Generic • \$7.00 copay for a one-month (31-day) supply of drugs.</p> <p>Tier 2 - Preferred Brand • \$30.00 copay for a one-month (31-day) supply of drugs.</p>

Benefit Category	Original Medicare	AARP MedicareRx Saver	AARP MedicareRx Preferred	AARP MedicareRx Enhanced
Prescription Drugs (continued)		Out-of-Network Initial Coverage (continued) Tier 3 - Other Non-Preferred (Generic, Brand) <ul style="list-style-type: none"> • \$49.50 copay for a one-month (31-day) supply of drugs. Tier 4 - Specialty (Generic, Brand) <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs. 	Out-of-Network Initial Coverage (continued) Tier 3 - Other Non-Preferred (Generic, Brand) <ul style="list-style-type: none"> • \$70.25 copay for a one-month (31-day) supply of drugs. Tier 4 - Specialty (Generic, Brand) <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs. 	Out-of-Network Initial Coverage (continued) Tier 3 - Other Non-Preferred (Generic, Brand) <ul style="list-style-type: none"> • \$70.25 copay for a one-month (31-day) supply of drugs. Tier 4 - Specialty (Generic, Brand) <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs.
				Out-of-Network Coverage Gap You pay the following: Tier 1 - Preferred Generic <ul style="list-style-type: none"> • \$7.00 copay for a one-month (31-day) supply of drugs.
		Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance. 	Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance. 	Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance.