

**Medicare Part D Prescription Drug Benefits
Washington Counties Insurance Fund**

Provided By United Healthcare

Benefit Period Start	January 1, 2020
Benefit Period End	December 31, 2020
Plan Deductible	\$0
30-Day Retail/Mail Copayments	
Generic	\$5
Preferred Brand	\$40
Non-Preferred	\$75
Specialty	33%
90-Day Retail Copayments	
Generic	\$10
Preferred Brand	\$80
Non-Preferred	\$180
Specialty	33%
90-Day Home Delivery Copayments	
Generic	\$10
Preferred Brand	\$80
Non-Preferred	\$180
Specialty	33%
Coverage Gap	Full Coverage
Utilization Management	Standard Part D
Lifestyle Drugs	Covered
All Other Non-Part D Drugs ²	Covered

Coverage Gap:

Full Coverage: There is no Coverage Gap. Member co-pays above apply.

Catastrophic Coverage:

Full Coverage: Once the True Out-of-Pocket Cost has reached \$5,100 / \$6,350, member cost share for generic drugs is the greater of 5% or \$3.40 / \$3.60 and for all other drugs, the greater of 5% or \$8.50 / \$8.95, with a maximum of the co-pays above.

¹ Most Specialty drugs can only be dispensed up to a 31-day supply, when available.

² With the exception of Part B drugs, which are covered by the medical plan.