

Part D Plan Design Compare	Envision		Aetna
	Premier	Value	Standard
Basic Plan Provisions:			
Deductible		\$100	\$0
Initial Coverage Limit Coverage: (OOP \$ 4,020)	Yes	Yes	Yes
Plan Benefit: 30 Day Supply	Retail/Mail	Retail/Mail	Retail only except Specialty is both retail and Mail
Tier 1 Preferred Generic	25% to Max \$30/ 25% to Max \$30	\$12/\$12	\$2
Tier 2 Generic	25% to Max \$30/ 25% to Max \$30	\$16/\$16	\$6
Tier 3 Preferred Brand Name	25% to Max \$100/25% to Max \$100	\$42/\$42	\$47
Tier 4 Non Preferred Generic & Brand Name	50% to Max \$150/50% to Max \$150	\$86/\$86	\$100
Tier 5 Specialty - Limited to 30 day supply	25%/25%	25%/25%	33%
Plan Benefit: 60 Day Supply	Retail/Mail	Retail/Mail	Retail only
Tier 1 Preferred Generic	25% Max \$45/25% Max \$45	\$24/\$24	\$4
Tier 2 Generic	25% Max \$45/25% Max \$45	\$32/\$32	\$12
Tier 3 Preferred Brand Name	25% Max \$150/25% Max \$150	\$84/\$84	\$94
Tier 4 Non Preferred Generic & Brand Name	50% Max \$225/50% Max \$225	\$172/\$172	\$200
Plan Benefit: 90 Day Supply	Retail/Mail	Retail/Mail	Retail/Mail
Tier 1 Preferred Generic	25% to Max \$45/25% to Max \$45	\$24/\$24	\$0/\$0
Tier 2 Generic	25% to Max \$45/25% to Max \$45	\$32/\$32	\$18/\$18
Tier 3 Preferred Brand Name	25% to Max \$150/25% to Max \$150	\$84/\$84	\$141/\$141
Tier 4 Non Preferred Generic & Brand Name	50% to Max \$225/50% to Max \$225	\$172/\$172	\$300/\$300
Gap Coverage (\$4,020 to \$6,350)			
Plan Benefit: 30 Day Supply	Retail/Mail	Retail/Mail	Retail
Tier 1 Preferred Generic	25% to Max \$30/ 25% to Max \$30	\$12/\$12	\$2
Tier 2 Generic	25% to Max \$30/ 25% to Max \$30	\$16/\$16	\$6
Tier 3 Preferred Brand Name	25% to Max \$100/25% to Max \$100	25%/25%	25%
Tier 4 Non Preferred Generic & Brand Name	50% to Max \$150/50% to Max \$150	25%/25%	25%
Tier 5 Specialty - Limited to 30 day supply	25%/25%	25%/25%	33%
Plan Benefit: 60 Day Supply	Retail/Mail	Retail/Mail	Retail/Mail
Tier 1 Preferred Generic	25% Max \$45/25% Max \$45	\$24/\$24	\$4
Tier 2 Generic	25% Max \$45/25% Max \$45	\$32/\$32	\$12
Tier 3 Preferred Brand Name	25% Max \$150/25% Max \$150	25%/25%	25%
Tier 4 Non Preferred Generic & Brand Name	50% Max \$225/50% Max \$225	25%/25%	25%
Plan Benefit: 90 Day Supply	Retail/Mail	Retail/Mail	Retail/Mail
Tier 1 Preferred Generic	25% to Max \$45/25% to Max \$45	\$24/\$24	\$0/\$0
Tier 2 Generic	25% to Max \$45/25% to Max \$45	\$32/\$32	\$18/\$18
Tier 3 Preferred Brand Name	25% to Max \$150/25% to Max \$150	25%/25%	25%
Tier 4 Non Preferred Generic & Brand Name	50% to Max \$225/50% to Max \$225	25%/25%	25%
2020 Catastrophic Coverage Limit \$6,350			
Catastrophic Coverage:	Generics: greater of 5% Coinsurance \$3.60	Generics: greater of 5% Coinsurance \$3.60	Generics: greater of 5% Coinsurance \$3.60
	Brand: greater of 5% Coinsurance \$8.95	Brand: greater of 5% Coinsurance \$8.95	Brand: greater of 5% Coinsurance \$8.95