

**Optional Regence Medicare Script Part D Drug Plan
(Monthly Premium - \$148 per person)**

Deductible	\$130 (waived for Tiers 1 &2)
Initial Coverage Limit (\$0 to \$8,000 total paid by member)	<p align="center">30-day Supply</p> <p align="center">Tier 1 (Preferred Generics): \$5 Tier 2 (Non-preferred Generics): \$20 Tier 3 (Preferred Brand): \$28 Tier 4 (Non-preferred Brand): \$60 Tier 5 (Specialty): 30% (25% in coverage gap)</p>
Catastrophic Level (after member pays \$8,000 total)	Greater of 5% coinsurance or \$4.15 copay for generics, and the greater of 5% coinsurance or \$10.35 copay for name brand