

OSU Group 2008 Part D Benefits

Description of Benefit	Basic Plus Plan	Enhanced Plus Plan
CMS Category	Basic Alternative	Enhanced Alternative
Generic	\$6.00	\$5.00
Brand	\$38.00	\$30.00
NP Brand	\$68.00	\$60.00
Specialty	30%	30%
Mail	2.5x Retail for 90 day supply	2.5x Retail for 90 day supply
Out of Pocket	CMS standard TrOOP	CMS standard TrOOP
Gap Coverage	NO	YES – All drug classes!!
Coverage Gap (Drug Spend amount)	\$2,510	\$2,510
Deductible	\$0.00	\$0.00
Formulary	Ideal	Ideal
Formulary Tier Level	4 tier	4 tier
Generic (Mail Order)	\$15.00	\$12.50
Brand (Mail Order)	\$95.00	\$75.00
NP Brand (Mail Order)	\$170.00	\$150.00
Specialty (Mail Order)	30%	30%
Retail (Maximum Days of Supply)	90 days	90 days
Mail Service (Maximum Days of Supply)	90 days	90 days
TrOOP Amount	\$4,050	\$4,050
Copay amounts after Catastrophic Level is met (Generic)	\$2.25 or 5%, whichever is greater	\$2.25 or 5%, whichever is greater
Copay amounts after Catastrophic Level is met (Brand)	\$5.60 or 5%, whichever is greater	\$5.60 or 5%, whichever is greater

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Copay amounts after Catastrophic Level is met (NP Brand)	\$5.60 or 5%, whichever is greater	\$5.60 or 5%, whichever is greater
Copay amounts after Catastrophic Level is met (Specialty)	\$5.60 or 5%, whichever is greater	\$5.60 or 5%, whichever is greater
2008 Full Plan Premium	\$25.40	\$112.94