

Drexel University

2024 Summary of Benefits

Formulary E3, 10/15/30 (with Senior Rx Plus) Prescription Drug Plan

[Bluedadv.com](https://www.bluedadv.com)

How much is the monthly premium?	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Formulary:	E3
Supplemental gap coverage:	Not Applicable
Stage 1 Annual Deductible Stage	In this stage, you pay a set amount. Once you reach this amount, your plan begins to pay its share of the cost.
Deductible	\$0

Stage 2: Initial Coverage Stage

Tier	Preferred retail cost sharing		Standard retail cost sharing	
	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 Select Generics	\$0 copay per prescription	\$0 copay per prescription	\$0 copay per prescription	\$0 copay per prescription
Tier 1 Generics	\$5 copay per prescription	\$15 copay per prescription	\$10 copay per prescription	\$30 copay per prescription
Tier 2 Preferred Brands	\$5 copay per prescription	\$15 copay per prescription	\$15 copay per prescription	\$45 copay per prescription
Tier 3 Non-Preferred Drugs, including Specialty Drugs	\$20 copay per prescription	\$60 copay per prescription	\$30 copay per prescription	\$90 copay per prescription

Tier	Mail-Order Cost Sharing	
	Three-month supply	
Tier 1 Select Generics	\$0 copay per prescription	
Tier 1 Generics	\$5 copay per prescription	
Tier 2 Preferred Brands	\$5 copay per prescription	
Tier 3 Non-Preferred Drugs, including Specialty Drugs	\$20 copay per prescription	

Stage 3: Coverage Gap Stage

Benefits have been paid by your Group Part D plan and this plan for covered prescription drugs, you will be responsible for the amounts shown above.

Stage 4: Catastrophic Coverage Stage

	Retail and Mail-Order Cost Sharing
Tier	
Tier 1 Select Generics	\$0 copay per prescription
Tier 1 Generics	\$0 copay per prescription
Tier 2 Brand-Name Drugs	\$0 copay per prescription