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Broker Training Only - 2017 Benefit Plan

(This document not available for Sales purposes)

Premium Reduced: \$14.60

Service Area Expanded

Connecticut, **Delaware**, **District of Columbia**, **Georgia**, Maine, **Maryland**, Massachusetts, Michigan, New Hampshire, **New York**, **North Carolina**, **Ohio**, Oregon, Pennsylvania, Rhode Island, South Carolina, Vermont, Washington, West Virginia

Deductible: Amount varies by State – Applies to Drugs in Tier 3-5 - \$260-\$280

Initial Coverage Stage

Amount you pay until you and the plan pay a total of \$3,700 (includes deductible) for covered prescription drug expenses

Tier Name	30-day supply you pay:		90-day supply you pay:	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 – Preferred Generics	\$1	\$14.90	\$3 (retail) \$2 (mail)	\$44.70
Tier 2 – Non-Preferred Generic	\$15	\$20	\$45	\$60
Tier 3 – Preferred Brand	10%	20%	10%	20%
Tier 4 – Non-Preferred Brand	24%-27%	32%-42%	24%-27%	32%-42%
Tier 5 – Specialty Drugs	27%	27%	Not Offered	Not Offered

Coverage Gap Stage

Amount of out-of-pocket costs you pay between \$3,701 and \$4,950 in total prescription drug expenses

30-day or 90-day supply you pay:

Generic	No more than 51% of the cost
Brand	40% of the negotiated price and a portion of the dispensing fee

Catastrophic Stage

Amount you pay after \$4,950 in annual out-of-pocket covered prescription drug expenses

30-day or 90-day supply you pay:

Generic	Greater of \$3.30 or 5%
Brand	Greater of \$8.25 or 5%

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