

2020 Drug Costs with Extra Help

	TIERS	Stage 1	Stage 2	Stage 3	Stage 4
LIS 1 \$0 premium	1 - 2	Skip to Stage 2	\$0	\$0	\$0
	3 - 5	Skip to Stage 2	GENERIC \$3.60 BRAND \$8.95	GENERIC \$3.60 BRAND \$8.95	\$0
LIS 2 \$0 premium	1 - 2	Skip to Stage 2	\$0	\$0	\$0
	3 - 5	Skip to Stage 2	GENERIC \$1.30 BRAND \$3.90	GENERIC \$1.30 BRAND \$3.90	\$0
LIS 3 \$0 premium	1 - 5	Skip to Stage 2	\$0	\$0	\$0
LIS 4 \$0 premium	1 - 2	Skip to Stage 2	\$0	\$0	GENERIC \$3.60 BRAND \$8.95
	3	Skip to Stage 2	Retail \$40 or 15% Mail Order \$80 or 15%	15%	GENERIC \$3.60 BRAND \$8.95
	4	Skip to Stage 2	Retail \$80 or 15% Mail Order \$160 or 15%	15%	GENERIC \$3.60 BRAND \$8.95
	5	Skip to Stage 2	15%	15%	GENERIC \$3.60 BRAND \$8.95

Note: Tier 5 drugs are not available through mail order. The described retail costs are for a 30-day supply. The described mail order costs are for a 90-day supply.

Know the Stages

The amount you'll pay for prescription drugs depends on the stage of coverage you're in. Here's how the stages work.

Stage 1 Deductible Stage

This stage does not apply to Devoted Health Greater Houston HMO for 2020. Go to Stage 2 right away.

Stage 2 Initial Coverage Stage

You stay in this stage until your total drug costs in 2020 reach **\$4,020**. This includes amounts paid by you, your plan, Extra Help, and others.

Stage 3 Coverage Gap Stage (Donut Hole)

You stay in this stage until your total out-of-pocket drug costs in 2020 reach **\$6,350**. This includes amounts paid by you, Extra Help, and others (but not your plan).

Stage 4 Catastrophic Stage

Once you reach this stage, you pay the costs listed for the rest of 2020.

Know Your Costs

The premiums listed are for both medical services and prescription drug benefits. The premiums listed do not include any Part B premiums you may have to pay.

The prices listed in this chart are the most you'll pay for prescription drugs. In some cases, you may pay less.

In certain stages, you may see a percent (like 15%) instead of a flat dollar amount. This means the cost of your drugs in that stage will vary based on the drug's price. You pay 15 cents for every dollar that the drug cost. So a \$1 drug would cost you \$0.15. A \$10 drug would cost \$1.50.

If you need more details on stages or costs, call us at 1-800-990-0723 (TTY 711). Or visit www.devoted.com and see the Evidence of Coverage for the plan you're interested in.

DEVOTED HEALTH PRIME GREATER HOUSTON HMO

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	3 - 5	Skip to Stage 2	GENERIC \$1.30 BRAND \$3.90	GENERIC \$1.30 BRAND \$3.90	\$0
LIS 3 \$0 premium	1 - 5	Skip to Stage 2	\$0	\$0	\$0
LIS 4 For Premium details, see chart below	1 - 2	Skip to Stage 2	\$0	\$0	GENERIC \$3.60 BRAND \$8.95
	3	Skip to Stage 2	Retail \$30 or 15% Mail Order \$60 or 15%	15%	GENERIC \$3.60 BRAND \$8.95
	4	Skip to Stage 2	Retail \$80 or 15% Mail Order \$160 or 15%	15%	GENERIC \$3.60 BRAND \$8.95
	5	Skip to Stage 2	15%	15%	GENERIC \$3.60 BRAND \$8.95

LIS Subsidy	Monthly Premium
100%	\$0/mo
75%	\$5.20/mo
50%	\$10.40/mo
25%	\$15.60/mo
0%	\$20.80/mo

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