

Prescription Drug Benefits

SUMMARY OF PRESCRIPTION DRUG COSTS

Drugs by Tier	EPO Plan			PPO Plan		
	In-Network Retail Pharmacy 30-Day	90-Day	Mail Order 90-Day	In-Network Retail Pharmacy 30-Day	90-Day	Mail Order 90-Day
Generic	\$10 copay	\$30 copay	\$30 copay	\$10 copay	\$30 copay	\$20 copay
Preferred Brand	25%, \$40 min; \$60 max	25%, \$120 min; \$180 max	25%, \$120 min; \$180 max	\$40 copay	\$120 copay	\$80 copay
Non-Preferred Brand	50%, \$65 min; \$105 max	50%, \$195 min; \$315 max	50%, \$195 min; \$315 max	\$65 copay	\$195 copay	\$130 copay
Specialty Medications	As Preferred/ Non-Preferred	Restricted to Retail 30-day supply		As Preferred/ Non-Preferred	Restricted to Retail 30-day supply	
Benefits	EPO Plan			PPO Plan		
Annual Deductible	\$0 per person, \$0 per family			\$0 per person, \$0 per family		
Out-of-Pocket Max	\$4,100 per person, \$8,200 per family			\$3,600 per person, \$7,200 per family		

Note: Oral generic contraceptives are 100% covered.