

# Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Pharmacy Deductible</b>	Combined with medical deductible	Combined with medical deductible
<b>Pharmacy Out of Pocket</b>	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
<b>Prescription Drug Coverage</b> <i>This plan uses an Essential Drug List. Drugs not on the list are not covered. This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i>		
<b>Preventive Drugs</b> <i>Preventive Rx Plus: Deductible is waived for certain drugs for diabetes, asthma, heart health, high blood pressure, high cholesterol, stroke, and osteoporosis.</i>  Tier 1a - Typically Lower Cost Generic  Tier 1b – Typically Generic  Tier 2 - Typically Preferred Brand	No charge  No charge  No charge	40% coinsurance up to \$250 per prescription after deductible is met (retail) and Not covered (home delivery)
<b>Tier 1a - Typically Lower Cost Generic</b> <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. No coverage for non-formulary drugs.</i>  <b>Tier 1b - Typically Generic</b> <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. No coverage for non-formulary drugs.</i>	\$5 copay per prescription after deductible is met (retail) and \$12.50 copay per prescription after deductible is met (home delivery)  \$15 copay per prescription after deductible is met (retail) and \$37.50 copay per	40% coinsurance up to \$250 per prescription after deductible is met (retail) and Not covered (home delivery)  40% coinsurance up to \$250 per prescription after deductible is met (retail) and Not

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	prescription after deductible is met (home delivery)	covered (home delivery)
<p><b>Tier 2 – Typically Preferred Brand</b>  <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. No coverage for non-formulary drugs.</i></p>	\$40 copay per prescription after deductible is met (retail) and \$120 copay per prescription after deductible is met (home delivery)	40% coinsurance up to \$250 per prescription after deductible is met (retail) and Not covered (home delivery)
<p><b>Tier 3 - Typically Non-Preferred Brand</b>  <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. No coverage for non-formulary drugs.</i></p>	\$60 copay per prescription after deductible is met (retail) and \$180 copay per prescription after deductible is met (home delivery)	40% coinsurance up to \$250 per prescription after deductible is met (retail) and Not covered (home delivery)
<p><b>Tier 4 - Typically Specialty (brand and generic)</b>  <i>Covers up to a 30 day supply (retail pharmacy). Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program. No coverage for non-formulary drugs.</i></p>	30% coinsurance up to \$250 per prescription after deductible is met (retail and home delivery)	40% coinsurance up to \$250 per prescription after deductible is met (retail) and Not covered (home delivery)