



Prescription Drug Plan Schedule of Benefits

PRESCRIPTION DRUG PLAN - Mandatory Generic

| BENEFITS | RETAIL PROGRAM PARTICIPATING PHARMACY | | MAIL ORDER PROGRAM | NON-PARTICIPATING PHARMACY |
|---|---------------------------------------|------------------------|------------------------|---|
| | (up to 30-day supply) | (31-90 day supply)* | (60-90 day supply) | |
| Generic (cost under \$150 at pharmacy / under \$300 through mail order) | \$5 co-pay | \$15 co-pay | \$10 co-pay | No 31-90 day retail or mail order benefits. Member pays the total amount up front and is reimbursed the wholesale price minus the applicable co-payments. |
| Preferred Brand Name (cost under \$150 at pharmacy / under \$300 through mail order) | \$20 co-pay | \$60 co-pay | \$45 co-pay | |
| Non-Preferred Brand Name (cost under \$150 at pharmacy / under \$300 through mail order) | \$35 co-pay | \$105 co-pay | \$75 co-pay | |
| Prescriptions over \$150 pharmacy / of \$300 mail order | 20% of ingredient cost | 20% of ingredient cost | 20% ingredient cost | |
| DIABETIC SUPPLIES & INSULIN: | | | | |
| Preferred Brand Name (cost under \$150 at pharmacy / under \$300 through mail order) | \$5 co-pay | \$15 co-pay | \$10 co-pay | |
| Non-Preferred Brand Name (cost under \$150 at pharmacy / under \$300 through mail order) | \$20 co-pay | \$60 co-pay | \$45 co-pay | |
| Prescriptions over \$150 pharmacy / \$300 mail order | 20% of ingredient cost | 20% of ingredient cost | 20% of ingredient cost | |

* Please refer to the participating provider directory for the 31-90 day pharmacy network.

If there is a generic equivalent available and a brand name drug is dispensed, then the member is responsible for the respective brand name co-pay PLUS the cost difference between the generic and the brand name drug.