



Prescription Drug Plans Schedule of Benefits

Prescription & Vision are packaged for groups with less than 50 enrolling employees

BENEFITS	Rx Plan 5/20/35 w/ Co-insurance	Rx Plan 12/24/48* w/ Co-insurance
RETAIL		
Generic	\$5 co-pay	\$12 co-pay
Preferred Brand Name	\$20 co-pay	\$24 co-pay
Non-Preferred Brand Name	\$35 co-pay	\$48 co-pay
Co-Insurance	20% of ingredient cost (for prescriptions over \$150)	20% of ingredient cost (for prescriptions over \$125)
Diabetic Supplies:		
Generic	\$5 co-pay	\$12 co-pay
Preferred Brand Name	\$5 co-pay	\$12 co-pay
Non-Preferred Brand Name	\$20 co-pay	\$12 co-pay
Co-Insurance	20% of ingredient cost (for prescriptions over \$150)	20% of ingredient cost (for prescriptions over \$125)
90-Day Retail Pharmacy Benefit**	Available for up to 3x co-pay	N/A
Insulin:		
Preferred Brand Name	\$5 co-pay	\$12 co-pay
Non-Preferred Brand Name	\$20 co-pay	\$24 co-pay
Co-Insurance	20% of ingredient cost (for prescriptions over \$150)	20% of ingredient cost (for prescriptions over \$125)
MAIL ORDER		
up to 90-day supply		
Generic	\$10 co-pay	\$24 co-pay
Preferred Brand Name	\$45 co-pay	\$48 co-pay
Non-Preferred Brand Name	\$75 co-pay	\$96 co-pay
Co-Insurance	20% of ingredient cost (for prescriptions over \$300)	20% of ingredient cost (for prescriptions over \$375)
Diabetic Supplies:		
Preferred Brand Name	\$10 co-pay	\$24 co-pay
Non-Preferred Brand Name	\$45 co-pay	\$48 co-pay
Co-Insurance	20% of ingredient cost (for prescriptions over \$300)	20% of ingredient cost (for prescriptions over \$375)
Insulin:		
Preferred Brand Name	\$10 co-pay	\$24 co-pay
Non-Preferred Brand Name	\$45 co-pay	\$48 co-pay
Co-Insurance	20% of ingredient cost (for prescriptions over \$300)	20% of ingredient cost (for prescriptions over \$375)

These Rx Plans are mandatory generic plans, which means 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.

*Rx plan 12/24/48 allows members to only pay the respective brand name co-pay, even if there is a generic available, if a Provider prescribes the brand and states "dispense as written."

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

The above reimbursement percentages are based on participating pharmacy negotiated charges. If you go to a non-participating pharmacy, member pays the total amount up front and is reimbursed based upon the wholesale price minus the applicable copayments. The member will be responsible for any remaining balance over the eligible charge up to the full billed amount.

This is a summary of benefits. Refer to the Summary Plan Description for additional details.

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Vision Plans

Schedule of Benefits

Prescription & Vision are packaged for groups with less than 50 enrolling employees

BENEFITS	VISION PLUS		HIGH OPTION VISION	
	Participating Provider <i>Plan Pays:</i>	Non-Participating Provider <i>Plan Pays:</i>	Participating Provider <i>Plan Pays:</i>	Non-Participating Provider <i>Plan Pays:</i>
Examinations <ul style="list-style-type: none"> Vision Exams 	100% after \$25 co-pay	\$40	100% after \$25 co-pay	\$40
Frames <ul style="list-style-type: none"> Standard Frames <p>Note: Polycarbonate lenses for dependent children through age 18 are covered in full.</p>	100% after \$25 co-pay (for frames up to \$105) 20% off the amount over your allowance	\$45	100% (for frames up to \$105) 20% off the amount over your allowance	\$45
Lenses <ul style="list-style-type: none"> Single Vision Lens Bifocal Lens Trifocal Lens 	100% 100% 100%	\$40 \$60 \$80	100% 100% 100%	\$40 \$60 \$80
	\$25 co-pay if lenses are purchased separately			
Contact Lenses <ul style="list-style-type: none"> In Lieu of Frames Lenses 	\$105 Plus 15% off cost of contact lens fitting & evaluation	\$105	\$105 Plus 15% off cost of contact lens fitting & evaluation	\$105
Frequency of Services <ul style="list-style-type: none"> Examination Lenses Frames 	Once every 12 months Once every 24 months Once every 24 months		Once every 12 months Once every 12 months Once every 24 months	

Vision plans are underwritten by Vision Service Plan (VSP)