

## SUMMARY OF PHARMACY BENEFITS

BENEFIT	COPAYMENT PER PRESCRIPTION		
	BUY-UP PLAN	BASE PLAN	ECONOMY PLAN
<p><b>NOTE:</b> All prescriptions are filled using generic equivalent drugs unless your Provider indicates that your prescription should be 'dispensed as written' (DAW). If <i>you</i> specifically request a brand name drug rather than a generic equivalent, <i>you</i> are responsible for paying the difference between the covered cost of the brand vs. the generic drug, plus the Copayment, if applicable. You are not responsible for any differences in cost when <i>your Provider</i> requests a brand rather than a generic drug.</p> <p>All prescriptions must be filled at either a MedImpact Network Pharmacy or through the Walgreens Mail Order program, except in the case of an Emergency.</p> <p>Pharmacy benefits are not subject to the Deductible requirements.</p>			
<b>Retail Benefit – 30 day supply</b>			
Tier 1 – Generic drugs	\$10	\$10	\$10
Tier 2 – Brand-name drugs	\$30	\$20	\$30
Tier 3 – Non-Formulary Brand-name drugs	\$50	\$40	\$50
<b>Mail Order &amp; Choice 90RX Benefit – 90 day supply</b>			
Tier 1 – Generic drugs	\$20	\$20	\$20
Tier 2 – Brand-name drugs	\$60	\$40	\$60
Tier 3 – Non-Formulary Brand-name drugs	\$100	\$80	\$100