

These plans offer a 90-day supply from the Retail Pharmacy as well as Mail Order. This is done through an additional cost sharing incentive to move members with maintenance medications to Mail Order. After you have received the equivalent of a 90-day supply (or 3 refills) within a 180-day period, you will be responsible for the higher co-pays below. After the 3rd refill of maintenance medication, members who have not moved their prescription to Mail Order will pay 40% of the discounted price of the drug with a minimum that varies by plan. If the discounted drug is less than the minimum, the member pays the higher amount.

	Choice		Preferred		Premier	
<b>Phase 1: DEDUCTIBLE</b>	\$320 (Brand Only)		\$320 (Brand Only)		\$0	
<b>Phase 2: INITIAL COVERAGE</b>	Up to \$2,930		Up to \$2,930		Up to \$2,930	
<i>31 day supply, you pay</i>						
Generic	\$5		\$5		\$5	
Preferred Brands	\$40		\$40		\$40	
Non-Preferred Brands	\$70		\$70		\$70	
Specialty	\$100		\$100		\$100	
<i>90 day supply, you pay</i>						
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	\$10	\$12.50	\$10	\$12.50	\$10	\$12.50
Preferred Brands	\$80	\$82.50	\$80	\$82.50	\$80	\$82.50
Non-Preferred Brands	\$140	\$145.00	\$140	\$145.00	\$140	\$145.00
Specialty	\$200	\$205.00	\$200	\$205.00	\$200	\$200.00
<b>Phase 3: COVERAGE GAP</b>	Amount you pay between the Initial Coverage Period and until you reach \$4,700 in out-of-pocket covered prescription drug costs. *50% - After Pharma Discount. **50% of co-pay (Pharma Discount)					
<i>31 day supply, you pay</i>						
Generic	86%		\$5		\$5	
Preferred Brands	100%*		100%*		\$80**	
Non-Preferred Brands	100%*		100%*		\$140**	
Specialty	100%*		100%*		\$200**	
<i>90 day supply, you pay</i>						
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	86%	86%	\$10	\$12.50	\$10	\$12.50
Preferred Brands	100%*	100%*	100%*	100%*	\$160**	\$165.00**
Non-Preferred Brands	100%*	100%*	100%*	100%*	\$280**	\$290.00**
Specialty	100%*	100%*	100%*	100%*	\$400**	\$400.00**
<b>CATASTROPHIC COVERAGE</b>	After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:					
<i>31 day supply, you pay</i>						
Generic (including Brand drugs treated as Generic):	\$2.60		\$2.60		\$2.60	
All others:	\$6.50		\$6.50		\$6.50	
Or the greater of (Including Generics):	5% of co-insurance		5% of co-insurance		5% of co-insurance	
<b>MONTHLY PREMIUM<sup>†</sup></b>	\$62.00		\$90.00		\$298.00	

<sup>†</sup> Monthly Administration Fee is an additional \$10.00 per member per month.