

## Pharmacy Benefit Table

NON-MAINTENANCE MEDICATIONS		
Retail Pharmacy - 30 DAY SUPPLY		
Plan	Generic	Brand (Preferred/Non-Preferred)
Premium	\$9 or less	30% up to \$300 Max
H.S.A.	\$9 or less (After Deductible)	30% up to \$300 Max (After Deductible)
Bronze H.S.A.	Covered in Full (After Deductible)	Covered in Full (After Deductible)

MAINTENANCE MEDICATIONS		
Express Scripts Mail Order Program - 90 DAY SUPPLY		
Plan	Generic	Brand (Preferred/Non-Preferred)
Premium	\$18 or less	30% x 2 up to \$600 Max
H.S.A.	\$18 or less (After Deductible)	30% x 2 up to \$600 Max (After Deductible)
Bronze H.S.A.	Covered in Full (After Deductible)	Covered in Full (After Deductible)

MAINTENANCE MEDICATIONS		
Retail Pharmacy - 30/90 DAY SUPPLY After 2nd Fill		
Plan	Generic	Brand (Preferred/Non-Preferred)
Premium	\$18/\$54 or less	50% up to \$300/\$900 Max
H.S.A.	\$18/\$54 or less (After Deductible)	50% up to \$300/\$900 Max (After Deductible)
Bronze H.S.A.	Covered in Full (After Deductible)	Covered in Full (After Deductible)

SPECIALTY MEDICATIONS		
Accredo Specialty Pharmacy - 30 DAY SUPPLY		
Plan	(Specialty Medications Must be Ordered through Accredo Scripts)	
Premium	40% up to \$300 Max	
H.S.A.	40% up to \$300 Max (After Deductible)	
Bronze H.S.A.	Covered in Full (After Deductible)	
* NEW	SaveOnSP Program	
Plan	For Select Specialty Medications only	
Premium	\$0 if participating in SaveOnSP program; otherwise 30% (no maximum)	
H.S.A.	N/A	
Bronze H.S.A.	N/A	