

# Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Pharmacy Deductible</b>	Not applicable	Not applicable
<b>Pharmacy Out of Pocket</b>	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
<b>Prescription Drug Coverage</b> <i>National Drug List</i>		
<b>Tier 1 - Typically Generic</b> <i>Covers up to a 34 day supply (retail pharmacy). Covers up to a 100 day supply (home delivery program). Covers up to 100 day supply (retail maintenance pharmacy).</i>	\$10 copay per prescription (retail only). \$0 copay per prescription (home delivery only).	20% coinsurance (retail and home delivery)
<b>Tier 2 – Typically Preferred Brand</b> <i>Covers up to a 34 day supply (retail pharmacy). Covers up to a 100 day supply (home delivery program). Covers up to 100 day supply (retail maintenance pharmacy).</i>	\$20 copay per prescription (retail only). \$0 copay per prescription (home delivery only).	20% coinsurance (retail and home delivery)
<b>Tier 3 - Typically Non-Preferred Brand</b> <i>Covers up to a 34 day supply (retail pharmacy). Covers up to a 100 day supply (home delivery program). Covers up to 100 day supply (retail maintenance pharmacy).</i>	\$20 copay per prescription (retail only). \$0 copay per prescription (home delivery only).	20% coinsurance (retail and home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b> <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program).</i>	Not applicable	Not applicable