

Prescription Drug

PRESCRIPTION DRUG (RX) OPTIONS AT A GLANCE	HSA Option 1 (\$1,600/\$3,200)	HSA Option 2 (\$2,600/\$5,200)	HRA Option ⁽³⁾ (\$1,600/\$3,200)
	In-Network, YOU PAY		
Annual Rx Deductible			
You Only	Included in medical deductible		\$200
Family	Included in medical deductible		\$400
Coinsurance/Copay Maximum			
You Only	Included in medical out-of-pocket maximum		\$2,000 (excludes Rx deductible)
Family	Included in medical out-of-pocket maximum		\$4,000 (excludes Rx deductible)
Retail (up to a 30-day supply)			
Value/Preventive Generic	\$5 copay, no deductible		\$5 copay, no deductible
All Other Generic	20% after deductible		\$10 copay, no deductible
Preferred Brand Name ⁽¹⁾⁽²⁾	20%, up to \$75 max per Rx, after deductible		30%, up to \$100 max per Rx, after Rx deductible
Non-Preferred Brand Name ⁽¹⁾⁽²⁾	20%, up to \$120 max per Rx, after deductible		40%, up to \$120 max per Rx, after Rx deductible
Mail Order (up to 90-day supply)			
Value/Preventive Generic	\$10 copay, no deductible		\$10 copay, no deductible
All Other Generic	20% after deductible		\$20 copay, no deductible
Preferred Brand Name ⁽¹⁾⁽²⁾	20%, up to \$150 max per Rx, after deductible		30%, up to \$200 max per Rx, after Rx deductible
Non-Preferred Brand Name ⁽¹⁾⁽²⁾	20%, up to \$240 max per Rx, after deductible		40%, up to \$240 max per Rx, after Rx deductible
Lifetime Maximum Rx Benefit	Unlimited		

(1) If you are taking a brand name prescription with a generic equivalent and do not switch to the generic, you will pay the generic copay, plus the difference between the price of the generic and brand name drug.

(2) If a brand name drug (preferred or non-preferred) is less than the maximum copay, you pay the total cost of the prescription.

(3) HRA Option frozen to new participants