

| Annual Prescription Deductible: \$100 per participant (waived for generics) | | |
|---|--|---|
| <u>Rx Out-of-Pocket</u> | <u>Traditional Plan</u> | <u>HDHP</u> |
| Individual | \$3,100 | \$2,100 |
| Family | \$6,200 | \$4,200 |
| Rx Type | HMC Rx Care | Other Retail Pharmacy |
| Contraceptives (as required by federal law) | \$0 | \$0 |
| Generic Medications | | |
| 30 Day Fill | \$4 | \$10 or 10% of the drug cost up to a maximum of \$100 |
| 90 Day Fill | \$8 | \$20 or 10% of the drug cost up to a maximum of \$200 |
| Brand Name Medication (if generic is unavailable) | | |
| 30 Day Fill | \$25 or 10% of the drug cost up to a maximum of \$100 | \$120 or 30% of the drug cost up to a maximum of \$150 |
| 90 Day Fill | \$50 or 10% of the drug cost up to a maximum of \$200 | \$120 or 30% of the drug cost up to a maximum of \$300 |
| Brand Name Medication (if not on the Formulary Brand Name Drug List) | | |
| Brand Name Medication | 40% of the drug cost | 50% of the drug cost |

For members who elect brand name medications when generics are available, the member pays the difference between the brand and generic medication plus the designated copayment amount.

For members whose physicians write a script to dispense brand when generic is available, the members pays the copayment for the brand medication regardless of the pharmacy the member utilizes.