## Prescription Coverage All Plans

Prescription Drugs	
<ul><li>RX Calendar Year Deductible</li><li>Waived for Tier 1</li></ul>	\$50 Per Member
<ul> <li>Retail Pharmacy 30 Day Supply</li> <li>Tier 1 – Generic</li> <li>Tier 2 – Preferred Brand</li> <li>Tier 3 – Non-Preferred Brand</li> <li>Tier 4 – Specialty Drugs</li> </ul>	\$15 \$30 \$50 10% of Rx Cost
<ul> <li>Retail Pharmacy 90 Day Supply</li> <li>Tier 1 – Generic</li> <li>Tier 2 – Preferred Brand</li> <li>Tier 3 – Non-Preferred Brand</li> <li>Tier 4 – Specialty Drugs</li> </ul>	\$30 \$60 \$100 10% of Rx Cost
<ul> <li>Mail Order 90 Day Supply</li> <li>Tier 1 – Generic</li> <li>Tier 2 – Preferred Brand</li> <li>Tier 3 – Non-Preferred Brand</li> <li>Tier 4 – Specialty Drugs</li> </ul>	\$25 \$50 \$85 10% of Rx Cost

