

# PHARMACY BENEFIT GRID

## RX 230

### Multi-Source Generic Prescriptions

- \$20 per prescription dispensed at a participating retail pharmacy (30 day supply)
- \$40 per prescription dispensed through mail-order (90 day supply)

### Preferred Brand Name and Single Source Generic Prescriptions

- \$35 per prescription dispensed at a participating retail pharmacy (30 day supply)
- \$70 per prescription dispensed through mail-order (90 day supply)

### Non-Preferred Brand Name Prescriptions

- The greater of \$60 per prescription or 20 % of the total cost per prescription dispensed at a participating retail pharmacy (30 day supply)
- Mail order service not available at this level.

### Calendar Year Deductible

You will be subject to a calendar year deductible that applies to all tiers. The amount of the deductible will be \$250. The deductible will apply separately to each family member covered.

### Annual Maximum

\$5,000 per member