

Prescription Drug Coverage

PREMIUM 4 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	Up to a 30-day supply: \$5 copayment Up to a 90-day supply: \$15 copayment	\$10 copayment
Tier 2	Up to a 30-day supply: \$20 copayment Up to a 90-day supply: \$60 copayment	\$40 copayment
Tier 3	Up to a 30-day supply: \$30 copayment Up to a 90-day supply: \$90 copayment	\$60 copayment
Tier 4	Up to a 30-day supply: \$50 copayment Up to a 90-day supply: \$150 copayment	\$150 copayment

Your plan has an annual out-of-pocket maximum, which is listed on the Schedule of Benefits. Once you have reached the out-of-pocket maximum (including deductible, copayment and coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.



Help is just a phone call away

We are here to assist you day and night.
Call 1-855-546-3439 (TTY 711).