

# Prescription Drug Coverage

## PREMIUM 4 TIER

Covered prescription medications are available at participating pharmacies.

Covered prescription drugs are subject to your plan's deductible. This means that you need to pay the full cost of your medications until you reach the required deductible amount. See the *Schedule of Benefits* for your plan's deductible amount. Once you meet the deductible for the year, you pay either a copayment or coinsurance.

	Retail	Mail (up to a 90-day supply)
<b>Tier 1</b>	<b>Up to a 30-day supply:</b> Deductible, then \$5 copayment <b>Up to a 90-day supply:</b> Deductible, then \$15 copayment	Deductible, then \$10 copayment
<b>Tier 2</b>	<b>Up to a 30-day supply:</b> Deductible, then \$20 copayment <b>Up to a 90-day supply:</b> Deductible, then \$60 copayment	Deductible, then \$40 copayment
<b>Tier 3</b>	<b>Up to a 30-day supply:</b> Deductible, then \$30 copayment <b>Up to a 90-day supply:</b> Deductible, then \$90 copayment	Deductible, then \$60 copayment
<b>Tier 4</b>	<b>Up to a 30-day supply:</b> Deductible, then \$50 copayment <b>Up to a 90-day supply:</b> Deductible, then \$150 copayment	Deductible, then \$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).