

PHARMACY BENEFIT TABLE		
NON-MAINTENANCE MEDICATIONS		
Retail Pharmacy – 30 DAY SUPPLY		
Tier/Plan	Generic	Brand (Preferred/Non-Preferred)
Premium	\$9 or less	30% up to \$300 Max
Standard	\$9 or less	30% up to \$300 Max
Basic	\$9 or less	30% up to \$300 Max
H.S.A.	\$9 or less (After Deductible)	30% up to \$300 Max (After Deductible)
Bronze H.S.A.	Covered in Full (After Deductible)	Covered in Full (After Deductible)

<i>Effective 2/1/19</i>	MAINTENANCE MEDICATIONS	
	Optum Rx Mail Order Saver Program - 90 DAY SUPPLY <i>Lowest Cost Option</i>	
Tier/Plan	Generic	Brand (Preferred/Non-Preferred)
Premium	\$18 or less	30% x 2 up to \$600 Max
Standard	\$18 or less	30% x 2 up to \$600 Max
Basic	\$18 or less	30% x 2 up to \$600 Max
H.S.A.	\$18 or less (After Deductible)	30% x 2 up to \$600 Max (After Deductible)
Bronze H.S.A.	Covered in Full (After Deductible)	Covered in Full (After Deductible)

<i>Effective 2/1/19</i>	MAINTENANCE MEDICATIONS	
	Retail Pharmacy - 30/90 DAY SUPPLY After 2nd Fill	
Tier/Plan	Generic	Brand (Preferred/Non-Preferred)
Premium	\$18/\$54 or less	50% up to \$300/\$900 Max
Standard	\$18/\$54 or less	50% up to \$300/\$900 Max
Basic	\$18/\$54 or less	50% up to \$300/\$900 Max
H.S.A.	\$18/\$54 or less (After Deductible)	50% up to \$300/\$900 Max (After Deductible)
Bronze H.S.A.	Covered in Full (After Deductible)	Covered in Full (After Deductible)

SPECIALTY MEDICATIONS	
Tier/Plan	Briova/OptumRx Specialty Pharmacy - 30 DAY SUPPLY (Specialty Medications Must be Ordered through BriovaRx)
Premium	40% up to \$300 Max
Standard	40% up to \$300 Max
Basic	40% up to \$300 Max
H.S.A.	40% up to \$300 Max
Bronze H.S.A.	Covered in Full (After Deductible)