

|                                                   | YOU PAY                                                                                        |                     |                                                                                           |                                                   |
|---------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------|
|                                                   | Non-Specialty Drugs                                                                            |                     |                                                                                           | Specialty Drugs                                   |
|                                                   | Retail                                                                                         | Mail/Home Delivery  |                                                                                           | Retail and Mail/Home Delivery                     |
|                                                   | 30-day supply                                                                                  |                     |                                                                                           |                                                   |
| Generic                                           | \$10                                                                                           | \$30                | \$0<br>Plan pays the full cost for at-home delivery for generic maintenance prescriptions | 25% up to a max of \$100/25% up to a max of \$300 |
| Brand Formulary                                   | 25% up to \$60 max                                                                             | 25% up to \$180 max | 15% up to \$120 max                                                                       | 25% up to a max of \$150/25% up to a max of \$450 |
| Non-Formulary                                     | 40% up to \$100 max                                                                            | 40% up to \$300 max | 35% up to \$200 max                                                                       | 40% up to a max of \$250/40% up to a max of \$750 |
| Name brand when a generic equivalent is available | Plan pays the cost of the generic drug.<br>You pay the remainder of the cost, with no maximum. |                     |                                                                                           | N/A                                               |

## Prescription drugs

|                                                                                                             | YOU PAY |         |         |          |         |
|-------------------------------------------------------------------------------------------------------------|---------|---------|---------|----------|---------|
|                                                                                                             | EPO     | PPO     | ULH     | PCA High | PCA Low |
| <b>ANNUAL PRESCRIPTION OUT-OF-POCKET MAXIMUM FOR IN-NETWORK PHARMACY</b> (not available for out-of-network) |         |         |         |          |         |
| <b>Per Person</b>                                                                                           | \$4,600 | \$4,600 | \$2,600 | \$2,600  | \$1,600 |
| <b>Per Family</b>                                                                                           | \$9,200 | \$9,200 | \$5,200 | \$4,200  | \$3,200 |

## Formulary

A formulary is a list of preferred drugs from Express Scripts (our pharmacy benefit manager) based on evaluations by independent physicians. The Express Scripts formulary for UofL is available online at [express-scripts.com](https://www.express-scripts.com). The formulary may change during the year when:

- a generic drug becomes available to replace the brand-name drug
- a drug becomes available over the counter (no longer covered under the pharmacy benefit)
- new drugs are approved