

2021 PHARMACY CO-PAYS

COVERAGE AMOUNTS FOR ALL FOUR PLANS (EPO, PPO, PCA HIGH AND LOW)

	Non-Specialty Drugs			Specialty Drugs	
	You Pay		You Pay	You Pay	You Pay
	Retail		Mail/Home Delivery	Retail and Mail/Home Delivery	
	30 day supply	90 day supply	90 day supply	30 day supply	30 day supply
Generic	\$10	\$30	\$0	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. You pay the remainder of the cost, with no maximum.				

ANNUAL PRESCRIPTION OUT-OF-POCKET MAXIMUMS FOR IN-NETWORK PHARMACY

	EPO Plan	PPO Plan	PCA High Plan	PCA Low Plan
Prescription Drugs	You Pay	You Pay	You Pay	You Pay
Annual Prescription Out-of-Pocket Maximum for In-Network Pharmacy (not available for out-of-network)				
Per person	\$4,600	\$4,600	\$2,600	\$1,600
Per family	\$9,200	\$9,200	\$4,200	\$3,200