

Prescription Drug Insurance Plan Designs and Rates

effective 6/1/2018



SCHEDULE OF BENEFITS	GENERIC ONLY	BRAND WRAP 1	BRAND WRAP 2
ANNUAL DEDUCTIBLE	\$0 Per Member	\$100 Per Member	\$100 Per Member
FORMULARY	Rx VALUE	Rx BALANCE	Rx BALANCE
RETAIL CO-PAY			
FORMULARY GENERICS	\$10	\$10	\$10
FORMULARY BRANDS	N/A	\$50 or 50%*	\$35 or 50%*
NON-FORMULARY	N/A	N/A	N/A
MAIL ORDER CO-PAY			
FORMULARY GENERICS	\$30	\$30	\$30
FORMULARY BRANDS	N/A	\$150 or 50%*	\$105 or 50%*
NON-FORMULARY	N/A	N/A	N/A
MAXIMUM BENEFITS PAYABLE			
MONTHLY MAXIMUM	\$300 Per Member	\$400 Per Member	\$400 Per Member
MONTHLY RATES			
INDIVIDUAL	\$44.81	\$55.89	\$61.03
INDIVIDUAL + SPOUSE	\$74.72	\$97.16	\$107.60
INDIVIDUAL + CHILD(REN)	\$68.92	\$89.60	\$99.21
FAMILY	\$90.18	\$117.35	\$129.99

*whichever is greater

Plans and rates are effective 6/1/18