

Prescription Drug Benefits			
	Express Scripts		
	Standard		CDHP-20/HSA
	Retail	Home Delivery	Retail and Home Delivery
Annual Prescription Deductible (in-network)	None	None	\$2,800 per person \$5,450 per family (combined with medical deductible)
Tier 1: Generic	Up to a \$10 copay	Up to a \$25 copay	You pay 15% after deductible
Tier 2: Preferred Brand Name	Up to a \$40 copay	Up to a \$100 copay	You pay 25% after deductible
Tier 3: Non-Preferred Brand Name	Up to a \$80 copay	Up to a \$200 copay	You pay 50% after deductible
Dispensing Limits Per Copayment	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply (retail) or 90-day supply (mail order)

This chart is a general description & is provided for informational purposes only. It should not be viewed as an offer of coverage. In the event of a conflict between this chart & the official Plan documents, the official Plan documents will govern.