

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