

Pharmacy Benefit Summary

PRESCRIPTION COVERAGE	Maintenance Drugs	Non-Maintenance Drugs	HEP Chronic Condition Drugs
Generic	\$5/\$10	\$5/\$10	\$0
Preferred/Listed Brand Name	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name	\$40	\$40	\$12.50
Annual Maximum	Unlimited		
Max out of Pocket	\$4,600 Individual / \$9,200 Family		