



Prescription Benefits At-A-Glance: PPO Plans I/II and III

Co-Pay Structure

Drug Type	1 - 30 Day Supply	31 - 90 Day Supply
Generic	30%	\$40
Preferred Brand	30% with \$40 minimum	\$80
Non-Preferred Brand	30% with \$60 minimum	\$120
Specialty	30% with \$300 maximum	Not Available

Annual Maximums

Deductible	Out of Pocket	Notes
No Rx Deductible	\$6,000 - Individual	1) Rx & Medical Combined. 2) Individual & Family Max OOP is embedded - meaning no one member of the family will exceed the OOP maximum.
	\$10,000 - Family	

Pharmacy Network

Retail Pharmacy	Mail Order Pharmacy	Mail Order Pharmacy Contact Info
Open Network	Elixir Pharmacy	1-866-909-5170
	Truepill	1-650-353-5495



Prescription Benefits At-A-Glance: HDHP/HSA Plan IV

Co-Pay Structure

Drug Type	1 - 30 Day Supply	31 - 90 Day Supply
Generic	30% After Deductible	30% After Deductible
Preferred Brand		
Non-Preferred Brand		
Specialty		Not Available

Annual Maximums

Deductible	Out of Pocket	Notes
\$3,500 - Individual	\$6,900 - Individual	1) Rx & Medical Combined. 2) Individual & Family Max OOP is embedded - meaning no one member of the family will exceed the OOP maximum.
\$7,000 - Family	\$11,500 - Family	

Pharmacy Network

Retail Pharmacy	Mail Order Pharmacy	Mail Order Pharmacy Contact Info
Open Network	Elixir Pharmacy	1-866-909-5170
	Truepill	1-650-353-5495



Prescription Benefits At-A-Glance: HDHP/HSA Plan V

Co-Pay Structure

Drug Type	1 - 30 Day Supply	31 - 90 Day Supply
Generic	30% After Deductible	30% After Deductible
Preferred Brand		
Non-Preferred Brand		
Specialty		Not Available

Annual Maximums

Deductible	Out of Pocket	Notes
\$5,700 - Individual	\$6,900 - Individual	1) Rx & Medical Combined. 2) Individual & Family Max OOP is embedded - meaning no one member of the family will exceed the OOP maximum.
\$11,400 - Family	\$13,800 - Family	

Pharmacy Network

Retail Pharmacy	Mail Order Pharmacy	Mail Order Pharmacy Contact Info
Open Network	Elixir Pharmacy	1-866-909-5170
	Truepill	1-650-353-5495