

Plan #1- Silver

Prescription Plan	Value Formulary	
Annual Brand Pharmacy Deductible²	\$200/Individual \$400/Family	No Coverage
Tier 1 - Generic	\$15 Copay	No Coverage
Tier 2 – Brand/Formulary²	Pharmacy Deductible then 20% up to \$45	
Tier 3 – Brand Non Formulary²	Pharmacy Deductible then 20% up to \$75	
Tier 4 – Specialty²	Pharmacy Deductible then 20% up to \$200	
Mail Order (90 Day Supply)	2.5X Retail Copay	Not Covered

Plan #3- Bronze

Prescription Plan	Value Formulary	
Annual Brand Pharmacy Deductible¹	\$200/Individual \$400/Family	
Tier 1 - Generic	\$15 Copay	50%
Tier 2 – Brand/Formulary¹	Pharmacy Deductible then 20% up to \$45	
Tier 3 – Brand Non Formulary¹	Pharmacy Deductible then 20% up to \$75	
Tier 4 – Specialty¹	Pharmacy Deductible then 20% up to \$200	
Mail Order (90 Day Supply)	2.5X Retail Copay	Not Covered

Plan #4- HSA

Prescription Plan	Value Formulary	
Annual Brand Pharmacy Deductible³	None	
Tier 1 - Generic	Deductible then 20%	50%
Tier 2 – Brand/Formulary³	Deductible then 20%	
Tier 3 – Brand Non Formulary³	Deductible then 20%	
Tier 4 – Specialty³	Deductible then 20%	
Mail Order (90 Day Supply)	2.5X Retail	Not Covered