



HMO (EPO) Prescription Drug Plan

Annual Pharmacy Deductible	
Individual	\$150.00
Family	\$300.00

Annual Pharmacy Out of Pocket Maximum	
Individual	\$1,100
Family	\$2,200

Tier Level	Retail (up to a 31 day supply)	Mail Order (up to a 90 day supply)
Tier 1 - Generic	\$10.00	\$20.00
Tier 2 - Preferred Brand	\$30.00	\$60.00
Tier 3 - Non-Formulary Brand	\$50.00	\$100.00
Tier 4 - Speciality	20% to a max of \$50.00	N/A

Benefit Summary

Your Copayment and or Coinsurance is determined by the tier to which the Prescription Drug List has assigned the Prescription Drug.

All Prescription Drugs on the Prescription Drug Lists are assigned to Tier 1, Tier 2, or Tier 3. For more information on your benefit coverage, log on to www.usrxcare.com or by calling US-Rx Care Customer Service at **1-877-200-5533**.

This summary is only intended to highlight your benefits for Prescription Drugs and should not be relied upon to determine coverage. Please refer to the Summary Plan Description for a complete listing of services, limitations, and exclusions.