

PPO Plan - Signature Plus Plan				
Deductible - Rx/Medical Combined: N/A				
Max OOP - Rx/Medical Combined: \$7,500 Individual / \$15,000 Family				
Preferred Pharmacy Network: CVS, Kroger, Sam's, Walmart, Albertson's Lins, Vons, & Alto / Specialty Network: Exclusive to Welldyne Specialty & Alto Pharmacies				
	Retail (30 DS) 1-34 days	Retail (90 DS) 35-90 days	Mail (90 DS) 35-90 days	Specialty (30 days)
Tier 1 - Generic	\$15.00 max	\$40.00	25% with max of \$500	POP 1st, 25% with max of \$500
Tier 2 - Preferred	25% with max of \$100	25% with max of \$300	25% with max of \$500	POP 1st, 25% with max of \$501
Tier 3 - Non-Preferred	40% coinsurance	40% coinsurance	40% coinsurance	POP 1st, 40% coinsurance
All other pharmacies				
Tier 1 - Generic	\$25.00	\$50.00	Not Covered	Not Covered
Tier 2 - Preferred	25% + \$10 copay with max of \$100	25% + \$10 copay with max of \$300		
Tier 3 - Non-Preferred	40% coinsurance + \$10 copay	40% coinsurance + \$10 copay		

HDHP Plan - Advantage Plan				
Deductible - Rx/Medical Combined: \$1,500 Individual / \$3,000 Family				
Max OOP - Rx/Medical Combined: \$7,000 Individual / \$14,000 Family				
Preferred Pharmacy Network: CVS, Kroger, Sam's, Walmart, Albertson's Lins, Vons, & Alto / Specialty Network: Exclusive to Welldyne Specialty & Alto Pharmacies				
	Retail (30 DS) 1-34 days	Retail (90 DS) 35-90 days	Mail (90 DS) 35-90 days	Specialty (30 days)
Tier 1 - Generic	\$15.00 max	\$40.00	25% with max of \$500	POP 1st, 25% with max of \$500
Tier 2 - Preferred	25% with max of \$100	25% with max of \$300	25% with max of \$500	POP 1st, 25% with max of \$501
Tier 3 - Non-Preferred	40% coinsurance	40% coinsurance	40% coinsurance	POP 1st, 40% coinsurance
All other pharmacies				
Tier 1 - Generic	\$25.00	\$50.00	Not Covered	Not Covered
Tier 2 - Preferred	25% + \$10 copay with max of \$100	25% + \$10 copay with max of \$300		
Tier 3 - Non-Preferred	40% coinsurance + \$10 copay	40% coinsurance + \$10 copay		

ASTHMA DRUGS - Signature Plus Plan (PPO) & Advantage Plan (HDHP)			
ASTHMA DRUGS - Preferred Network: CVS, Kroger, Sam's, Walmart, Albertson's Lins, Vons & Alto			
	Retail (30 DS) 1-34 days	Retail (60 DS) 31-60 days	Retail (90 DS) 61-90 days
Tier 1 - Generic	\$15 (lower of copay or drug cost)	\$40 (lower of copay or drug cost)	\$40 (lower of copay or drug cost)
Tier 2 - Preferred	25% with max of \$50	25% with max of \$100	25% with max of \$150
Tier 3 - Non-Preferred	40% coinsurance	40% coinsurance	40% coinsurance
ASTHMA DRUGS - All other pharmacies			
Tier 1 - Generic	\$25 (lower of copay or drug cost)	\$50 (lower of copay or drug cost)	\$50 (lower of copay or drug cost)
Tier 2 - Preferred	25% + \$10 copay with max of \$50	25% + \$10 copay with max of \$100	25% + \$10 copay with max of \$150
Tier 3 - Non-Preferred	40% coinsurance + \$10 copay	40% coinsurance + \$10 copay	40% coinsurance + \$10 copay

*DS = Day Supply