

Plan Name	PREMIER EPO	VALUE COPAY PLAN	CHOICE HSA PPO PLAN
Retail 30 (30 Day Supply) - All pharmacies (except Walgreens) -			
		Copays after Deductible	Copays after Deductible
Tier 1 Generic Copay	\$10 - all pharmacies \$20 - Walgreens	\$10 - all pharmacies (NOT subject to ded) \$20 - Walgreens	\$10 - all pharmacies \$20 - Walgreens
Tier 2 Brand Copay	\$25 - all pharmacies \$35 - Walgreens	\$25 - all pharmacies \$35 - Walgreens	\$25 - all pharmacies \$35 - Walgreens
Tier 3 Non Preferred Brand	\$40 - all pharmacies \$50 - Walgreens	\$40 - all pharmacies \$50 - Walgreens	\$40 - all pharmacies \$50 - Walgreens
Retail 90 (31 - 91 DS) - allowed only at CVS			
Tier 1 Generic Copay	\$20	\$20 (NOT subject to ded)	\$20
Tier 2 Brand Copay	\$50	\$50	\$50
Tier 3 Non Preferred Brand	\$80	\$80	\$80
DS	31-90	31-90	31-90
High Dollar Limit	\$2,000	\$2,000	\$2,000
Mail (90 Day Supply)			
Mail Vendor	Pill Pack	Pill Pack	Pill Pack
Mail Tier 1 Generic Copay	\$20	\$20 (NOT subject to ded)	\$20
Mail Tier 2 Brand Copay	\$50	\$50	\$50
Mail Tier 3 Non Preferred Copay	\$80	\$80	\$80
DS	31-90	31-90	31-90
High Dollar Limit	\$2,000	\$2,000	\$2,000
Specialty (30 Day Supply)			
Specialty Pharmacy	WellDyne Specialty	WellDyne Specialty	WellDyne Specialty
Tier 4 Copay	20%, max \$125 Not covered at Walgreens	20%, max \$125 Not covered at Walgreens	20%, max \$125 Not covered at Walgreens
DS	30	30	30
Select Preventive Medications			
Tier 1 Generic Copay	\$0	\$0	\$0
Tier 2 Brand Copay	\$0	\$0	\$0