

# Prescription coverage and cost

Medical plan	SEQA		EQA		Premium*		HDHP*	
Type of Rx	BSW pharmacy 30-day cost/ 90-day** cost	Contracted pharmacy 30-day** supply only	BSW pharmacy 30-day cost/ 90-day** cost	Contracted pharmacy 30-day** supply only	BSW pharmacy 30-day cost/ 90-day** cost	Contracted pharmacy 30-day** supply only	BSW pharmacy 30-day cost/ 90-day** cost	Contracted pharmacy 30-day** supply only
Preferred generic	\$5/\$10	\$12	\$5/\$10	\$12	\$7/\$14	\$14	10% AD	20% AD
Preferred brand	\$25/\$50	\$50	\$35/\$70	\$50	\$40/\$80	\$60	10% AD	20% AD
Non-preferred brand and generic	Lesser of \$50/\$100 or 50%	Lesser of \$75 or 50%	Lesser of \$50/\$100 or 50%	Lesser of \$75 or 50% after \$100 individual deductible	Lesser of \$60/\$120 or 50%	Lesser of \$75 or 50% after \$100 individual deductible	10% AD	20% AD
Specialty***	\$100	N/A	20% (\$200 max)	N/A	20% (\$200 max)	N/A	10% AD	N/A
Chronic and preventive†	\$10/\$20 \$0 diabetic treatment††	\$20 \$0 diabetic treatment††	\$10/\$20	\$20	\$10/\$20	\$20	10% AD	20% AD

\* Pharmacy expenses will only apply to the applicable network tier, and the deductible will not cross accumulate. Drugs filled at BSW pharmacies apply to Tier 1 cost-sharing, and those filled at contracted pharmacies apply to Tier 2 cost-sharing. Cross-tier, out-of-pocket expenses will not cross accumulate. However, the aggregate between Tier 1 and Tier 2 will not exceed the overall ACA maximum for the Premium plan; and the HDHP will not exceed the IRS HDHP maximum.

\*\* Only BSW pharmacies can fill a 90-day supply of a medication. The max day supply through a contracted pharmacy is 30 days. Specialty drugs are only available at BSW pharmacies.

\*\*\* Specialty is limited to 30 days at BSW pharmacies.

† To help make some frequently prescribed preferred drugs for chronic conditions more affordable, we've placed a select group on a special chronic and preventive medication list.

†† Selected diabetes devices, drugs and insulin.

▶ Fertility drugs are covered at 20% with a maximum \$400 copay and a \$7,500 lifetime maximum pharmacy benefit.

▶ Drugs not listed on the formulary may require prior authorization. If authorized, you'll pay the applicable non-preferred or specialty copay.

▶ Member Choice program requires generic medication fills when available; if a brand-name medication is requested (when a generic is available), you'll pay the non-preferred member cost share plus the difference in cost between the brand-name and generic equivalent drug.

▶ N/A means not applicable.

▶ AD means after deductible.