

# Option 2 and 3 Pharmacy Benefits

	<b>Retail Pharmacy Network</b> For short-term medications (Up to a 30-day supply)	<b>Mail Service or Retail Pharmacy</b> For long-term medications (Up to a 90-day supply)
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	<b>\$4</b> for a generic prescription	<b>\$8</b> for a generic prescription
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	<b>\$40</b> for a preferred brand-name prescription	<b>\$80</b> for a preferred brand-name prescription
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	<b>\$60</b> for a non-preferred brand-name prescription	<b>\$120</b> for a non-preferred brand-name prescription
<b>Specialty Medications</b>	<b>\$100</b> for a specialty drugs, month supply	
<b>Refill Limit</b>	None	None
<b>Annual Deductible</b>	\$100 per individual / \$200 per family per calendar year	
<b>Maximum Out-of-Pocket Option 2</b>	\$3,500 per individual / \$7,000 per family per calendar year	
<b>Maximum Out-of-Pocket Option 3</b>	\$2,500 per individual / \$5,000 per family per calendar year	