

**PREMIER PLAN**

**HSHS Owned Pharmacy**

**Retail Network Pharmacy or Specialty**

**OptumRx Mail Order or Walgreens**

(up to 90 day Supply per RX)

(up to 30 day Supply per RX)

(up to 90 day Supply per RX)

Annual Prescription Drug Deductible	<b>\$350 Single / \$700 Family (Embedded) Combined with Medical</b>		
Annual Prescription Drug Out-Of- Pocket Maximum	<b>\$3,000 Single/ \$6,000 Family (Embedded) Combined with Medical</b>		
Formulary Generic Prescription Drugs	90 %	80%	80%
Formulary Brand Drugs	80%	70%	70%
Non-Formulary Prescription Drugs	80%* after \$15 copay per Rx (1-30 DS) 80%* after \$15 copay per Rx (1-30 DS) 80%* after \$15 copay per Rx (1-30 DS)	70% after \$15 copay per Rx	70%* after \$45 copay per Rx
*After annual prescription drug deductible is met If you choose to receive a brand name medication when a direct generic equivalent is available, you are responsible for paying the difference in price between the brand drug and its generic equivalent in addition to the prescription drug deductible and generic coinsurance			
** The DED will be waived for Generics only at all pharmacies.			