

# PRESCRIPTION SCHEDULE OF BENEFITS OPTUMRX

## Annual Pharmacy Deductible Per Calendar Year:

Note: Medical And Pharmacy Expenses Are Subject To The Same Medical Deductible.

Single Coverage - \$1,300

Family Coverage - \$2,600

## Annual Pharmacy Out-Of-Pocket Maximum Per Calendar Year:

Note: Medical And Pharmacy Expenses Are Subject To The Same Out-of-Pocket Maximum. Once The Annual Out-Of-Pocket Maximum Is Met, The Covered Person Pays Nothing For Covered Prescription Medication.

Single Coverage - \$1,550

Family Coverage - \$3,100

## Participating Retail Pharmacy

Up To A 30-Day Supply:

### Covered Person's Co-pay Amount:

Generic Drugs (Tier 1)

\$0

Preferred Brand-Name Drugs (Tier 2)

\$30

Non-preferred Brand-Name Drugs (Tier 3)

\$60

## Participating Mail Order Pharmacy

Up To A 90-Day Supply:

### Covered Person's Co-pay Amount

Generic Drugs (Tier 1)

\$0

Preferred Brand-Name Drugs (Tier 2)

\$60

Non-preferred Brand-Name Drugs (Tier 3)

\$120

## Specialty Drugs

Up To A 30-Day Supply:

### Covered Person's Co-pay Amount

Generic Drugs (Tier 1)

\$0

Preferred Brand-Name Drugs (Tier 2)

\$30

Non-preferred Brand-Name Drugs (Tier 3)

\$60

Note: Specialty Drugs Must Be Purchased At A Specialty Pharmacy Vendor.

**Non-Participating Pharmacy:** use of a Non-Participating Pharmacy, requires payment for the Prescription up front. the Covered Person may then submit a Claim Reimbursement Form with a receipt to OptumRx for reimbursement. Reimbursement for Covered Prescription Drugs will be based on the Lowest Contracted Amount of a Participating Pharmacy minus any Applicable Deductible and/or Retail Co-pay shown in this Schedule.

**Note:** The Deductible and / or Co-pay may not apply to preventive Prescription and over-the-counter products and contraceptives.

**Note:** The Covered Person must pay the difference in cost between a generic drug and a brand-name drug, regardless of circumstances.