

Medical Insurance

Medical coverage is provided through UMR. The chart below is a brief outline of the Base and High plans The following page is an outline of the Platinum Plan. The base plan is an EPO option that does not offer coverage for out-of-network providers. Please refer to the summary plan descriptions for complete plan details. You can locate an in-network provider by visiting www.umr.com. All plan options utilize the **Choice Plus Network**.

| In-Network Benefits | | Base EPO Plan | | High Plan | | |
|--|--|----------------------|-------------------------|----------------------|-------------------------|--|
| Deductible Type | | In-Network Benefits | Out-of-Network Benefits | In-Network Benefits | Out-of-Network Benefits | |
| Individual | Annual Deductible *calendar year* | | | | | |
| Family | Deductible Type | Embe | Embedded | | Embedded | |
| Coinsurance (carrier pays/ member pays) 70% / 30% No Benefits 70% / 30% 50% /50% | Individual | \$5,000 | No Benefits | \$1,500 | \$5,000 | |
| Maximum Out-of-Pocket *calendar year* Individual \$7,000 No Benefits \$5,500 \$15,000 Family \$15,000 No Benefits \$12,700 \$45,000 Physician Office Visit Virtual Visits No Charge No Benefits No Charge N/A Primary Care \$40 copay No Benefits \$35 copay 50% after deductible Specialty Care \$65 copay No Benefits \$35 copay 50% after deductible Preventive Care Adult & Child Services No Charge No Benefits \$35 copay 50% after deductible Diagnostic Services X-ray and Lab Tests \$40 copay No Benefits \$35 copay 50% after deductible Complex Radiology 30% after deductible No Benefits \$35 copay 50% after deductible Urgent Care Facility \$75 copay No Benefits \$30% after deductible Limitation Courte Facility \$75 copay No Benefits \$30% after deductible Urgent Care | , | \$15,000 | No Benefits | \$4,500 | \$15,000 | |
| Individual \$7,000 | Coinsurance (carrier pays/ member pays) | 70% / 30% | No Benefits | 70% / 30% | 50% /50% | |
| Pamily | Maximum Out-of-Pocket *calendar year* | | | | | |
| Physician Office Visit Virtual Visits No Charge No Benefits No Charge No Benefits Specialty Care \$40 copay No Benefits Specialty Care Adult & Child Services No Charge No Benefits No Charge No Benefits No Charge No Benefits No Charge No Benefits No Charge Adult & Child Services No Charge No Benefits No Charge No Benefits No Charge No Benefits No Charge So% after deductible Diagnostic Services X-ray and Lab Tests \$40 copay No Benefits No Benefits S35 copay S0% after deductible Complex Radiology 30% after deductible No Benefits No Benefits S75 copay No Benefits S75 copay No Benefits No Benefits S75 copay No Benefits No Benefits S0% after deductible Inpatient/Outpatient Svcs S0% after deductible No Benefits S0% after deductible S0% after deductible No Benefits | Individual | \$7,000 | No Benefits | \$5,500 | \$15,000 | |
| Virtual Visits No Charge No Benefits No Charge N/A Primary Care \$40 copay No Benefits \$35 copay 50% after deductible Specialty Care \$65 copay No Benefits \$35 copay 50% after deductible Preventive Care Adult & Child Services No Charge No Benefits No Charge 50% after deductible Diagnostic Services X-ray and Lab Tests \$40 copay No Benefits \$35 copay 50% after deductible Complex Radiology 30% after deductible No Benefits 30% after deductible 50% after deductible Urgent Care Facility \$75 copay No Benefits 30% after deductible 50% after deductible Emergency Room Services 30% after deductible No Benefits 30% after deductible 50% after deductible Inpatient Outpatient Svcs 30% after deductible No Benefits 30% after deductible 50% after deductible Metail Pharmacy (31 Day Supply) \$35 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits | Family | \$15,000 | No Benefits | \$12,700 | \$45,000 | |
| Primary Care \$40 copay No Benefits \$35 copay 50% after deductible Specialty Care \$65 copay No Benefits \$35 copay 50% after deductible Preventive Care Adult & Child Services No Charge No Benefits No Charge 50% after deductible Diagnostic Services X-ray and Lab Tests \$40 copay No Benefits 30% after deductible Complex Radiology 30% after deductible No Benefits 30% after deductible Urgent Care Facility \$75 copay No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible 50% after deductible No Benefits 30% after deductible Some a | Physician Office Visit | | | | | |
| Specialty Care \$65 copay No Benefits \$35 copay 50% after deductible Preventive Care Adult & Child Services No Charge No Benefits No Charge 50% after deductible Diagnostic Services X-ray and Lab Tests \$40 copay No Benefits 30% after deductible 50% after deductible Urgent Care Facility \$75 copay No Benefits \$75 copay 50% after deductible Emergency Room Services 30% after deductible No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible Sometial Health Inpatient 30% after deductible No Benefits 30% after deductible 50% after deductible Outpatient \$35 copay No Benefits \$30% after deductible 50% after deductible Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$200 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$250 copay No Benefits \$200 copay N/A Tier 3 \$250 copay No Benefits \$200 copay N/A Tier 3 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$400 copay N/A Tier 3 \$300 copay No Benefits \$400 copay N/A Tier 1 \$500 copay No Benefits \$400 copay N/A Tier 1 \$500 copay No Benefits \$400 copay N/A | Virtual Visits | No Charge | No Benefits | No Charge | N/A | |
| Preventive Care | Primary Care | \$40 copay | No Benefits | \$35 copay | 50% after deductible | |
| Adult & Child Services Diagnostic Services X-ray and Lab Tests \$40 copay No Benefits \$35 copay 50% after deductible Complex Radiology 30% after deductible No Benefits 30% after deductible 50% after deductible Urgent Care Facility \$75 copay No Benefits 30% after deductible Emergency Room Services 30% after deductible No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible Soft after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible Soft after deductible Mental Health Inpatient 30% after deductible No Benefits 30% after deductible 50% after deductible Outpatient \$35 copay No Benefits \$30% after deductible 50% after deductible Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$200 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 1 \$50 copay No Benefits \$40 copay N/A | Specialty Care | \$65 copay | No Benefits | \$35 copay | 50% after deductible | |
| X-ray and Lab Tests \$40 copay No Benefits \$35 copay 50% after deductible | Preventive Care | | | | | |
| X-ray and Lab Tests \$40 copay No Benefits \$35 copay 50% after deductible Complex Radiology 30% after deductible No Benefits 30% after deductible 50% after deductible Urgent Care Facility \$75 copay No Benefits \$75 copay 50% after deductible Emergency Room Services 30% after deductible No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible 50% after deductible Mental Health Inpatient 30% after deductible No Benefits 30% after deductible 50% after deductible Outpatient \$35 copay No Benefits \$35 copay 50% after deductible Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$150 copay N/A Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 2 \$250 copay No Benefits \$150 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A | Adult & Child Services | No Charge | No Benefits | No Charge | 50% after deductible | |
| Complex Radiology 30% after deductible No Benefits 30% after deductible Urgent Care Facility \$75 copay No Benefits \$75 copay 50% after deductible Emergency Room Services 30% after deductible No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible 50% after deductible Mental Health Inpatient 30% after deductible No Benefits 30% after deductible 50% after deductible Outpatient \$35 copay No Benefits \$35 copay 50% after deductible Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$200 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Mail Order Pharmacy (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$40 copay N/A | Diagnostic Services | | | | | |
| Urgent Care Facility \$75 copay No Benefits \$75 copay 50% after deductible Emergency Room Services 30% after deductible No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible 50% after deductible Mental Health Inpatient 30% after deductible No Benefits 30% after deductible 50% after deductible Outpatient \$35 copay No Benefits \$35 copay 50% after deductible Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Mail Order Pharmacy (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$40 copay N/A | X-ray and Lab Tests | \$40 copay | No Benefits | \$35 copay | 50% after deductible | |
| Emergency Room Services 30% after deductible No Benefits 30% after deductible Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible 50% after deductible Mental Health Inpatient 30% after deductible No Benefits 30% after deductible 50% after deductible Outpatient \$35 copay No Benefits \$35 copay 50% after deductible Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Tier 1 \$50 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$40 copay N/A | Complex Radiology | 30% after deductible | No Benefits | 30% after deductible | 50% after deductible | |
| Inpatient/Outpatient Svcs 30% after deductible No Benefits 30% after deductible 50% after deductible Mental Health Inpatient 30% after deductible No Benefits 30% after deductible 50% after deductible Outpatient \$35 copay No Benefits \$35 copay 50% after deductible Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$40 copay N/A | Urgent Care Facility | \$75 copay | No Benefits | \$75 copay | 50% after deductible | |
| Mental Health Inpatient 30% after deductible No Benefits 30% after deductible 50% after deductible Outpatient \$35 copay No Benefits \$35 copay 50% after deductible Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Miles (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | Emergency Room Services | 30% after deductible | No Benefits | 30% after deductible | | |
| Inpatient 30% after deductible No Benefits 30% after deductible 50% after deductible | Inpatient/Outpatient Svcs | 30% after deductible | No Benefits | 30% after deductible | 50% after deductible | |
| Outpatient \$35 copay No Benefits \$35 copay 50% after deductible Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) No Benefits \$40 copay N/A Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | Mental Health | | | | | |
| Retail Pharmacy (31 Day Supply) Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) No Benefits \$40 copay N/A Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | Inpatient | 30% after deductible | No Benefits | 30% after deductible | 50% after deductible | |
| Tier 1 \$25 copay No Benefits \$20 copay N/A Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) No Benefits \$40 copay N/A Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | Outpatient | \$35 copay | No Benefits | \$35 copay | 50% after deductible | |
| Tier 2 \$45 copay No Benefits \$40 copay N/A Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | | | | | | |
| Tier 3 \$75 copay No Benefits \$70 copay N/A Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) No Benefits \$40 copay N/A Tier 1 \$50 copay No Benefits \$80 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | | 1 | No Benefits | \$20 copay | N/A | |
| Specialty Drugs (31 Day Supply) Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | Tier 2 | \$45 copay | No Benefits | \$40 copay | N/A | |
| Tier 1 \$175 copay No Benefits \$150 copay N/A Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | Tier 3 | \$75 copay | No Benefits | \$70 copay | N/A | |
| Tier 2 \$250 copay No Benefits \$200 copay N/A Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | | | | | | |
| Tier 3 \$300 copay No Benefits \$250 copay N/A Mail Order Pharmacy (90 Day Supply) Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | Tier 1 | \$175 copay | No Benefits | \$150 copay | N/A | |
| Mail Order Pharmacy (90 Day Supply) No Benefits \$40 copay N/A Tier 1 \$50 copay No Benefits \$80 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | Tier 2 | \$250 copay | No Benefits | | N/A | |
| Tier 1 \$50 copay No Benefits \$40 copay N/A Tier 2 \$90 copay No Benefits \$80 copay N/A | Tier 3 | \$300 copay | No Benefits | \$250 copay | N/A | |
| Tier 2 \$90 copay No Benefits \$80 copay N/A | | | | | | |
| Tier 2 \$90 copay No Benefits \$80 copay N/A | Tier 1 | \$50 copay | No Benefits | \$40 copay | N/A | |
| | Tier 2 | | No Benefits | | N/A | |
| | Tier 3 | \$150 copay | No Benefits | | N/A | |



Medical Insurance

Medical coverage is provided through UMR. The chart below is a brief outline of the Platinum Plan. You can locate an in-network provider by visiting www.umr.com. All plan options utilize the **Choice Plus Network**.

| | Platinum Plan | | | | |
|--|---------------------------------|-------------------------|--|--|--|
| | In-Network Benefits | Out-of-Network Benefits | | | |
| Annual Deductible *calendar year* | | | | | |
| Deductible Type | Embedded | | | | |
| Individual | \$500 | \$1,000 | | | |
| Family | \$1,500 | \$3,000 | | | |
| Coinsurance (carrier pays/ member pays) | 90% / 10% | 70% / 30% | | | |
| Maximum Out-of-Pocket *calendar year* | | | | | |
| Individual | \$1,500 | \$2,500 | | | |
| Family | \$4,500 | \$7,500 | | | |
| Physician Office Visit | | | | | |
| Virtual Visits | No Charge | N/A | | | |
| Primary Care | \$20 copay | 30% after deductible | | | |
| Specialty Care | \$20 copay | 30% after deductible | | | |
| Preventive Care | | | | | |
| Adult & Child Services | No Charge | 30% after deductible | | | |
| Diagnostic Services | | | | | |
| X-ray and Lab Tests | \$20 copay | 30% after deductible | | | |
| Complex Radiology | 10% after deductible | 30% after deductible | | | |
| Urgent Care Facility | \$75 copay 30% after deductib | | | | |
| Emergency Room Services | 10% after deductible | | | | |
| Inpatient/Outpatient Svcs | 10% after deductible | 30% after deductible | | | |
| Mental Health | | | | | |
| Inpatient | 10% after deductible | 30% after deductible | | | |
| Outpatient | \$20 copay | 30% after deductible | | | |
| Retail Pharmacy (31 Day Supply) | | | | | |
| Generic (Tier 1) | \$10 copay | N/A | | | |
| Preferred (Tier 2) | \$20 copay | N/A | | | |
| Non-Preferred (Tier 3) | \$35 copay | N/A | | | |
| Specialty Drugs (31 Day Suppl | Specialty Drugs (31 Day Supply) | | | | |
| Tier 1 | \$150 copay | N/A | | | |
| Tier 2 | \$200 copay | N/A | | | |
| Tier 3 | \$250 copay | N/A | | | |
| Mail Order Pharmacy (90 Day Supply) | | | | | |
| Generic (Tier 1) | \$20 copay | N/A | | | |
| Preferred (Tier 2) | \$40 copay | N/A | | | |
| Non-Preferred (Tier 3) | \$70 copay | N/A | | | |