



**PPO, Premier CDHP and Basic CDHP Plan**

| <b>Prescription Drug Tier</b>        | <b>Retail<br/>(31-Day Supply)</b> | <b>Retail<br/>(90-Day Supply)</b> | <b>Express Scripts<br/>Mail Order<br/>(90-Day Supply)</b> | <b>Accredo Specialty Pharmacy<br/>(30-Day Supply)</b> |
|--------------------------------------|-----------------------------------|-----------------------------------|---|---|
| <b>Preferred Generic</b>             | \$5                               | \$15                              | \$10  | n/a   |
| <b>Non-Preferred Generic</b>         | \$20                              | \$60                              | \$40  | n/a   |
| <b>Preferred Brand Name</b>          | \$40                              | \$120                             | \$80  | n/a   |
| <b>Non-Preferred Brand Name</b>      | \$80                              | \$240                             | \$160   | n/a   |
| <b>Preferred Specialty Drugs</b>     | 10% of cost up to \$300 maximum   | n/a                               | n/a   | 10% of cost up to \$300 maximum                       |
|                                      | 2 grace fills only                |                                   |   |   |
| <b>Non-Preferred Specialty Drugs</b> | 20% of cost up to \$600 maximum   | n/a                               | n/a   | 20% of cost up to \$600 maximum                       |
|                                      | 2 grace fills only                |                                   |   |   |