

PRESCRIPTION DRUG PLAN FEATURES	FOR IN-NETWORK CARE – YOU PAY	
<b>Non-maintenance prescription drugs</b>	30% coinsurance after you meet your annual deductible; use \$ in your HSA or pay out of your own pocket	<p>\$75 annual calendar year deductible per person</p> <ul style="list-style-type: none"> <li>• \$15 for generics</li> <li>• \$35 for preferred brand-name</li> <li>• \$75 for non-preferred brand-name</li> </ul>
<b>Maintenance prescription drugs – 90-day supply</b>	30% coinsurance after you meet your annual deductible; use \$ in your HSA or pay out of your own pocket	<ul style="list-style-type: none"> <li>• \$30 for generics</li> <li>• \$70 for preferred brand-name</li> <li>• \$150 non-preferred brand-name</li> </ul>