

**HonorHealth**

**2015 Pharmacy Plan Design**

Pharmacy Copayments (Retail / Mail and 90 day Retail)	Network	Network	Network
	<b>Coordinated Care Plan</b>	<b>Standard Plan</b>	<b>Health Savings Account Plan*</b>
<b>Maintenance - Generic (Asthma, Cardiac, Diabetes, Hypertension)</b>	\$0 / \$0 copay	\$5 / \$15 copay	\$5/ \$15 copay
<b>Tier 1 - Generic</b>	\$4 / \$10 copay	\$15 / \$37.50 copay	\$7 / \$17.50 copay
<b>Tier 2 - Formulary Brands and Single Source Generic</b>	30% with a min. of \$30 & max. of \$80 / 30% with min. of \$75 & max. of \$200	35% with a min. of \$40 & max. of \$100 / 35% with min. of \$100 & max. of \$250	35% with a min. of \$40 & max. of \$100 / 35% with min. of \$100 & max. of \$250
<b>Tier 3 - Non-Formulary (30 day supply only)</b>	60% with a min. \$100; No maximum	60% with a min. \$125; No maximum	60% with a min. \$125; No maximum
<b>Specialty (30 day supply only)</b>	30% with a min. of \$50 & max. of \$100	30% with a min. of \$60 & max. of \$150	30% with a min. of \$60 max. of \$150
<b>Specialty Out of Pocket Maximum</b>	\$2,500 per covered member	\$2,500 per covered member	\$2,500 per covered member
<b>Annual Out-of-Pocket max combined for Rx and Medical</b>	\$5,000 Single / \$10,000 Family	\$6,450 Single / \$12,900 Family	\$6,450 Single / \$12,900 Family

**\* Annual Plan Deductible must be met prior to Rx copay plan design**