

Prescription Drug Benefits						
	Express Scripts		Kaiser Health Plans			
	Standard		EPO High		EPO 80	
	Retail	Home Delivery	Retail	Home Delivery	Retail	Home Delivery
Annual Prescription Deductible (in-network)	\$50 per person	None	None	None	None	None
Annual Prescription Out-of-Pocket limit (includes deductible)	In-Network \$2,500 Individual/\$5,000 Family Out-of-Network \$2,500 Individual/\$5,000 Family		The pharmacy cost shares are included in the medical out-of-pocket limit.		The pharmacy cost shares are included in the medical out-of-pocket limit.	
Tier 1: Generic	Up to a \$10 copay	Up to a \$25 copay	Up to a \$10 copay	Up to a \$10 copay for a 30-day supply or \$20 for up to a 90-day supply	Up to a \$10 copay	Up to a \$10 copay for a 30-day supply or \$20 for up to a 90-day supply
Tier 2: Preferred Brand Name	Up to a \$35 copay	Up to a \$90 copay	Up to a \$25 copay	Up to a \$25 copay for a 30-day supply or \$50 for up to a 90-day supply	Up to a \$30 copay	Up to a \$30 copay for a 30-day supply or \$60 for up to a 90-day supply
Tier 3: Non-Preferred Brand Name	Up to a \$60 copay	Up to a \$150 copay	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Dispensing Limits Per Copayment	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply

This chart is a general description and is provided for informational purposes only. It should not be viewed as an offer of coverage. In the event of a conflict between this chart and the official Plan documents, the official Plan documents will govern.