



\$100 Rx Deductible (\$400 Family Max) applies to Rx Tiers 2 - 5 (Tier 1 Generics not subject to Rx Deductible)

Note: All Generics are more affordable than their Brand counterparts, but not All Generics are classified as Tier 1 Generics

Member Cost Share

Tier 1	Generics	25% Coinsurance with \$10 Min. up to \$20 Max.
Tier 2	Preferred Brands	25% Coinsurance with \$25 Min. up to \$50 Max.
Tier 3	Preferred Specialty	25% Coinsurance with \$50 Min. up to \$100 Max.
Tier 4	Non-Preferred Brands	40% Coinsurance with \$70 Min. up to \$240 Max.
Tier 5	Non-Preferred Specialty	40% Coinsurance with \$70 Min. up to \$240 Max.

Legend:

Deductible	} A
Coinsurance	
Minimum Copay	} B
Maximum Copay	

Total Member Pay = Deductible + Member Cost Share

Example A (\$400 Family Maximum)

Family Member	Date	Rx Tier	Medication Cost	(A) Rx Deductible	Deductible Balance (Member)	(B) Member Cost Share	(A + B) Total Member Pay	Total Plan Pay	Deductible Balance (Family)	Explanation
Employee	2/4/2017	2	\$175.00	\$100.00	\$0.00	\$25.00	\$125.00	\$50.00	\$300.00	\$100 applied to Member/Family Rx Deductible; 25% of \$75 (Medication Cost less Rx Deductible) = \$18.75; \$25 Minimum Copay applies.
Employee	3/4/2017	3	\$520.00	\$0.00	\$0.00	\$100.00	\$100.00	\$420.00	\$300.00	25% of \$520 = \$130.00, \$100 Maximum Co-Pay applies
Spouse	3/14/2017	2	\$65.00	\$65.00	\$35.00	\$0.00	\$65.00	\$0.00	\$235.00	\$65 applied to Member/Family Rx Deductible
Spouse	4/14/2017	2	\$32.00	\$32.00	\$3.00	\$0.00	\$32.00	\$0.00	\$203.00	\$32 applied to Member/Family Rx Deductible
Spouse	4/14/2017	1	\$16.00	\$0.00	\$3.00	\$10.00	\$10.00	\$6.00	\$203.00	Tier 1 Generics are not subject to the \$100 Member Rx Deductible; 25% of \$16 = \$4; \$10 Minimum Copay applies
Child #1	5/6/2017	2	\$225.00	\$100.00	\$0.00	\$31.25	\$131.25	\$93.75	\$103.00	\$100 applied to Member/Family Rx Deductible; 25% of \$125 (Medication Cost less Rx Deductible) = \$31.25
Spouse	5/14/2017	2	\$32.00	\$3.00	\$0.00	\$25.00	\$28.00	\$4.00	\$100.00	\$3 applied to Member/Family Rx Deductible; 25% of \$29 (Medication Cost less Rx Deductible) = \$7.25, \$25 Minimum Copay applies
Child #2	5/26/2017	3	\$445.00	\$100.00	\$0.00	\$86.25	\$186.25	\$258.75	\$0.00	\$100 applied to Member/Family Rx Deductible; 25% of \$345 (Medication Cost less Rx Deductible) = \$86.25; ALL Member/Family Rx Deductibles have been satisfied - Only Copays and Coinsurance apply
Child #3	7/5/2017	4	\$685.00	\$0.00	\$0.00	\$240.00	\$240.00	\$445.00	\$0.00	\$0 applied to Member Rx Deductible since Family Rx Deductible has been met; 40% of \$685 = \$274; \$240 Maximum Copay applies
Child #4	7/31/2017	2	\$95.00	\$0.00	\$0.00	\$25.00	\$25.00	\$70.00	\$0.00	\$0 applied to Member Rx Deductible since Family Rx Deductible has been met; 25% of \$95 = \$23.75; \$25 Minimum Copay applies

Example B (\$400 Family Maximum)

Family Member	Date	Rx Tier	Medication Cost	(A) Rx Deductible	Deductible Balance (Member)	(B) Member Cost Share	(A + B) Total Member Pay	Total Plan Pay	Deductible Balance (Family)	Explanation
Child #1	1/27/2017	2	\$65.00	\$65.00	\$35.00	\$0.00	\$65.00	\$0.00	\$335.00	\$65 applied to Member/Family Rx Deductible
Child #2	1/27/2017	2	\$65.00	\$65.00	\$35.00	\$0.00	\$65.00	\$0.00	\$270.00	\$65 applied to Member/Family Rx Deductible
Child #3	1/27/2017	2	\$65.00	\$65.00	\$35.00	\$0.00	\$65.00	\$0.00	\$205.00	\$65 applied to Member/Family Rx Deductible
Employee	2/14/2017	3	\$445.00	\$100.00	\$0.00	\$86.25	\$186.25	\$258.75	\$105.00	\$100 applied to Member/Family Rx Deductible; 25% of \$345 = \$86.25
Child #1	3/6/2017	4	\$425.00	\$35.00	\$0.00	\$156.00	\$191.00	\$234.00	\$70.00	\$35 applied to Member/Family Rx Deductible; 40% of \$390 (Medication Cost less Rx Deductible) = \$156
Child #4	5/14/2017	1	\$32.00	\$0.00	\$100.00	\$10.00	\$10.00	\$22.00	\$70.00	Tier 1 Generics are not subject to the \$100 Member Rx Deductible; 25% of \$32 = \$8; \$10 Minimum Copay applies
Child #3	5/26/2017	3	\$445.00	\$35.00	\$0.00	\$100.00	\$135.00	\$310.00	\$35.00	\$35 applied to Member/Family Rx Deductible; 25% of \$410 (Medication Cost less Rx Deductible) = \$102.50; \$100 Maximum Copay applies
Child #5	7/5/2017	4	\$685.00	\$35.00	\$0.00	\$240.00	\$275.00	\$410.00	\$0.00	Only \$35 applied to Member Rx Deductible since Family Rx Deductible has been satisfied; 40% of \$650 (Medication Cost less Rx Deductible) = \$260; \$240 Maximum Copay applies; ALL Member/Family Rx Deductibles have been satisfied - Only Copays and Coinsurance apply
Child #6	7/31/2017	2	\$95.00	\$0.00	\$0.00	\$25.00	\$25.00	\$70.00	\$0.00	\$0 applied to Member Rx Deductible since Family Rx Deductible has been met; 25% of \$95 = \$23.75; \$25 Minimum Copay applies