

	In Network Retail Pharmacy (network does include local pharmacies other than CVS that participants may use)	CVS or Target Retail Pharmacy OR CVS / Caremark Mail Service Pharmacy	All Other In Network Retail Pharmacies*
		Up to a 90-Day Supply	
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	(after deductible)	(after deductible)	(will not apply to deductible)
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	(after deductible)	(after deductible)	(will not apply to deductible)
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	(after deductible)	(after deductible)	(will not apply to deductible)
<b>Speciality Drugs</b>	(with optional \$0 co-pay if enrolled in Prudent Rx Co-Pay Program)		
<b>Annual Deductible</b>			
<b>Maximum Out of Pocket</b>	\$80		