2023/24 Orange Plan Schedule of In-Network Benefits	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*
Generic Medications	For short term medications Up to a 30-Day Supply \$10	For long-term mainte Up to a 90-Day Supply \$20	
Ask your doctor or other prescriber if there is a generic available, as these generally cost less. Preferred Brand-Name	(after deductible)	(after deductible)	employee cost (will not apply to deductible)
Medications If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	\$40 (after deductible)	\$80 (after deductible)	Not eligible in plan; expense will be 100% employee cost (will not apply to deductible)
Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list.	\$80 (after deductible)	\$160 (after deductible)	Not eligible in plan; expense will be 100% employee cost (will not apply to deductible)
Speciality Drugs	30%coinsurance (with optional \$0 co-pay if enrolled _r in Prudent Rx Co-Pay Program)	day supply limit	NA
Annual Deductible Maximum Out of Pocket		\$3,400 per family (combine \$7150 per family (combine	
Maximum Out of Pocket \$4000 per individual / \$7150 per family (combined with medical) \$80			