



## Drug Benefit Highlights (Effective 4/1/23)

### Select Drug Program \$5/\$30/\$50

Covered Services	Your Costs (You pay)	
<b>Retail Pharmacy</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Tier 1 Generic Drugs	\$5	\$5
Tier 2 Preferred Brand	\$30	\$30
Tier 3 Non-Preferred Drugs	\$50	\$50
<b>Mail Order Pharmacy</b> <b>Available for maintenance drugs</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Tier 1 Generic Drugs	\$5	N/A
Tier 2 Preferred Brand Drugs	\$30	N/A
Tier 3 Non-Preferred Drugs	\$50	N/A

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Tier 2 Preferred Brand	\$5	\$5
Tier 3 Non-Preferred Drugs	\$5	\$5
<b>Mail Order Pharmacy</b> <b>Available for maintenance drugs</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Tier 1 Generic Drugs	\$5	N/A
Tier 2 Preferred Brand Drugs	\$5	N/A
Tier 3 Non-Preferred Drugs	\$5	N/A