

III. Prescription Coverage

Prescription Summary

Kent County Prescription Plan Schedule of Prescription Drug Benefits

CO-PAYMENTS

Plan Election	Wellness PPO or Wellness HMO	Wellness High Deductible Health Plan
Generic medication and supplies used for the treatment of: <ul style="list-style-type: none"> ▪ diabetes ▪ hypertension Generic contraceptive medicines or devices or medication for women at increased risk for breast cancer	<ul style="list-style-type: none"> ▪ \$0.00 Prescription Co-Pay 	<ul style="list-style-type: none"> ▪ \$0.00 Prescription Co-Pay
Generic medication not listed above Insulin on the formulary (preferred) list	<ul style="list-style-type: none"> ▪ \$15.00 for one-month supply ▪ \$30.00 for a 90-day supply 	<ul style="list-style-type: none"> ▪ \$15.00 after deductible has been satisfied for one-month supply ▪ \$30.00 after deductible has been satisfied for a 90-day supply
Formulary (Preferred)/ Brand Name	<ul style="list-style-type: none"> ▪ \$25.00 for one-month supply ▪ \$50.00 for 90-day supply 	<ul style="list-style-type: none"> ▪ \$25.00 after deductible has been satisfied for one-month supply ▪ \$50.00 after deductible has been satisfied for 90-day supply
Non-Formulary (Non-Preferred)/ Brand Name	<ul style="list-style-type: none"> ▪ \$45.00 for one-month supply ▪ \$90.00 for 90-day supply 	<ul style="list-style-type: none"> ▪ \$45.00 after deductible has been satisfied for one-month supply ▪ \$90.00 after deductible has been satisfied for 90-day supply
Specialty	<ul style="list-style-type: none"> ▪ \$100.00 for one-month supply 	<ul style="list-style-type: none"> ▪ \$100.00 after deductible has been satisfied for one-month supply
Out of Pocket Maximums <ul style="list-style-type: none"> • Individual • Family 	<ul style="list-style-type: none"> • \$4,500 • \$9,000 	Combined Medical / Rx Out of Pocket Maximums <ul style="list-style-type: none"> • \$3,150 • \$6,300

PLAN PARAMETERS

- Maximum days' supply at the pharmacy window: 90-days
- Maximum days' supply when you use mail order: 90-days
- When you fill a prescription at the pharmacy window, you must consume 75% of the supply before a refill is authorized
- When you fill a prescription through mail order, you must consume 50% of the supply before a refill is authorized
- Pre-Authorization may apply for certain medications.
- NOTE: For non-covered medications, please refer to "Exclusions" in the Plan Document.

