

Benefits Chart

This Benefits Chart (sometimes called Schedule of Benefits) describes the costs you must pay after benefits are provided under this Certificate and your Group Part D plan. For a more detailed explanation of the benefits provided, please refer to the appropriate sections of this Certificate.

Benefit Period	January 1, 2023 – December 31, 2023
Formulary	Open
Deductible	\$0
Covered Services	What you pay

Part D Covered Drugs

After benefits have been paid by your Group Part D plan and this plan for covered drugs, you will be responsible for the amounts shown below.

Retail Pharmacy	per 30-day supply
<ul style="list-style-type: none"> ● Select Generics 	\$0 copay
<ul style="list-style-type: none"> ● Generics 	\$10 copay
<ul style="list-style-type: none"> ● Preferred Brands 	\$25 copay
<ul style="list-style-type: none"> ● Non-Preferred Drugs and Non-Formulary Drugs 	\$40 copay
<ul style="list-style-type: none"> ● Specialty Drugs 	10% coinsurance per Covered Drug up to a coinsurance maximum of \$100

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled.

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply
<ul style="list-style-type: none"> ● Select Generics 	\$0 copay
<ul style="list-style-type: none"> ● Generics 	\$20 copay
<ul style="list-style-type: none"> ● Preferred Brands 	\$50 copay
<ul style="list-style-type: none"> ● Non-Preferred Drugs and Non-Formulary Drugs 	\$80 copay
<ul style="list-style-type: none"> ● Specialty Drugs 	10% coinsurance per Covered Drug up to a coinsurance maximum of \$300

Extra Covered Drugs Benefits Chart

Covered Services	What you pay
Extra Covered Drugs	
<p>These prescription drugs are excluded by law from Part D plans. Some of these may be required on your retiree drug plan by state regulations. These prescription drugs are covered by your Senior Rx Plus plan.</p>	
Cough and Cold DESI Vitamins and Minerals	Copay or coinsurance per 30-day supply
• Generics	\$10 copay
• Preferred Brands	\$25 copay
• Non-Preferred Drugs	\$40 copay
Erectile Dysfunction (ED)	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
• Generics	\$10 copay
• Preferred Brands	\$25 copay
• Non-Preferred Drugs	\$40 copay
Other Non-Part D Coverage	Copay or coinsurance
• Contraceptive Devices	\$25 copay per Covered Device