Pharmacy Benefits Schedule of Coverage

The following information summarizes the benefits described in your Evidence of Coverage. It is important that you carefully read it so you are aware of plan requirements, provisions and limitations and exclusions.

Note: This Consumer Choice Health Benefit Plan does not include all state mandated health insurance benefits. The following benefit is provided at a reduced level from what is mandated:

Mandated Benefit Description	Benefit Reduced
An HMO may charge a deductible only for services performed out of the HMO's service area or for services performed by a physician or provider who is not in the HMO's delivery network.	Not applicable

Overall Payment Provisions	**In-Network Benefits**	**Out-of-Network Benefits**
Calendar Year Deductibles (applies to all Eligible Expenses including Pharmacy)	$0 Individual/$0 Family (Out-of-Network Services are Excluded unless they are approved by the Plan or are Emergency Services)	
Out-of-Pocket Limits (applies to all Eligible Expenses including Pharmacy)	$1,000 Individual/$2,000 Family (Out-of-Network Services are Excluded unless they are approved by the Plan or are Emergency Services)	
Maximum Lifetime Benefits – per participant	Unlimited (Out-of-Network Services are Excluded unless they are approved by the Plan or are Emergency Services)	
Preventive, includes Vaccinations obtained at the Pharmacy (Tier 1)	100% of Allowed Amount	No coverage for Out-of-Network Services
Generic (Tier 2)	100% of Allowed Amount after a $5 Copayment per 30 day supply	No coverage for Out-of-Network Services
Preferred (Tier 3)	100% of Allowed Amount after a $8 Copayment per 30 day supply	No coverage for Out-of-Network Services
Non-preferred (Tier 4)	100% of Allowed Amount after a $50 Copayment per 30 day supply	No coverage for Out-of-Network Services
Specialty Drugs (Tier 5)	30% of Allowable Amount per 30 day supply	No coverage for Out-of-Network Services