

### Prescription Drugs (1)

	YOUR PPO Plan <i>(generally higher employee premium contributions)</i>			YOUR HSA- Eligible Plan <i>(generally lower employee premium contributions)</i>		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
	<i>Accountable Health Partners</i>	<i>Aetna/Excellus National Network</i>	<i>Out-of-Network</i>	<i>Accountable Health Partners</i>	<i>Aetna/Excellus National Network</i>	<i>Out-of-Network</i>
Retail, Generic (up to 30 day supply) (1)	\$15 copay		Not Covered	\$15 copay after deductible		Not Covered
Retail, Preferred Brand (up to 30 day supply) (1)	You pay 20% coinsurance (\$25 min, \$60 max)			You pay 20% coinsurance (\$25 min, \$60 max) after deductible		
Retail, Non-Preferred Brand (up to 30 day supply) (1)	You pay \$35 coinsurance (\$50 min, \$120 max)			You pay \$35 coinsurance (\$50 min, \$120 max) after deductible		
Mail Order (up to 90 day supply) (1,2)	25 times 30-day retail			25 times 30-day retail after deductible		
Prescription Diabetic Supplies & Equipment (pharmacy purchase) (1)	You pay 10% (no deductible; \$15 copay maximum)			You pay 10% after deductible		

1) If you are prescribed a brand name drug when a generic equivalent exists, you will generally be responsible for the copay plus the cost difference between the brand name and generic equivalent. All prescription drugs, including Specialty drugs, filled at the URM Employee Pharmacy qualify for a discount under the YOUR PPO Plan and the YOUR HSA-Eligible Plan, Oral Chemotherapy drugs will be covered at 100%; under YOUR HSA-Eligible Plan, they will be subject to the deductible and coinsurance. Specialty drugs must be filled at a designated specialty pharmacy. Some preventative drugs are considered preventative care and are covered at 100%; see the Health Program Guide for additional information.

2) 90 day supplies of maintenance drugs filled at the URM Employee Pharmacy are eligible for a discount.