

# PHARMACY BENEFIT SCHEDULE

<b>Benefit Effective Date</b>	<b>Benefit Type</b>
January 1, 2018	Health Insurance Marketplace

Group	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
	Tier 1 Generic and lower cost brand products	Tier 2 Preferred brand and higher cost generics	Tier 3 Non preferred brand (could include both brand and generic products)	Tier 1 Generic and lower cost brand products	Tier 2 Preferred brand and higher cost generics	Tier 3 Non preferred brand (could include both brand and generic products)
HMO Bronze 003 Off Exchange	\$15 All Tier 1 generics bypass deductible	\$70 After deductible	\$120 After deductible	\$45 All Tier 1 generics bypass deductible	\$210 After deductible	\$360 After deductible
HMO Bronze 003	\$15 All Tier 1 generics bypass deductible	\$70 After deductible	\$120 After deductible	\$45 All Tier 1 generics bypass deductible	\$210 After deductible	\$360 After deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$15 All Tier 1 generics bypass deductible	\$70 After deductible	\$120 After deductible	\$45 All Tier 1 generics bypass deductible	\$210 After deductible	\$360 After deductible
\$0 when filled through an Indian Health Service Provider						
HMO Silver 002 Off Exchange	\$35 All Tier 1 generics bypass deductible	\$110 After deductible	\$110 After deductible	\$105 All Tier 1 generics bypass deductible	\$330 After deductible	\$360 After deductible

HMO Silver 002	\$35 All Tier 1 generics bypass deductible	\$110 After deductible	\$120 After deductible	\$105 All Tier 1 generics bypass deductible	\$330 After deductible	\$360 After deductible
HMO Silver 002 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Silver 002 Limited Cost Sharing Plan Variation	\$35 All Tier 1 generics bypass deductible	\$110 After deductible	\$120 After deductible	\$105 All Tier 1 generics bypass deductible	\$330 After deductible	\$360 After deductible
\$0 when filled through an Indian Health Service Provider						
HMO Silver 002 94	\$5	\$20	\$40	\$15	\$60	\$120
HMO Silver 002 87	\$10	\$50	\$80	\$30	\$150	\$240
HMO Silver 002 73	\$30 All Tier 1 generics bypass deductible	\$105 After deductible	\$120 After deductible	\$90 All Tier 1 generics bypass deductible	\$315 After deductible	\$360 After deductible
HMO Silver 004 Off Exchange	\$10 All Tier 1 generics bypass deductible	\$60 After deductible	\$100 After deductible	\$30 All Tier 1 generics bypass deductible	\$180 After deductible	\$300 After deductible
HMO Silver 004	\$10 All Tier 1 generics bypass deductible	\$60 After deductible	\$100 After deductible	\$30 All Tier 1 generics bypass deductible	\$180 After deductible	\$300 After deductible
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	\$10 All Tier 1 generics bypass deductible	\$60 After deductible	\$100 After deductible	\$30 All Tier 1 generics bypass deductible	\$150 After deductible	\$300 After deductible
\$0 when filled through an Indian Health Service Provider						

HMO Silver 004 94	\$5	\$20	\$40	\$15	\$60	\$120
HMO Silver 004 87	\$10	\$45	\$85	\$30	\$135	\$255
HMO Silver 004 73	\$10 All Tier 1 generics bypass deductible	\$50 After deductible	\$90 After deductible	\$30 All Tier 1 generics bypass deductible	\$150 After deductible	\$270 After deductible
HMO Gold 001 Off Exchange	\$15	\$40	\$80	\$45	\$120	\$240
HMO Gold 001	\$15	\$40	\$80	\$45	\$120	\$240
HMO Gold 001 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Gold 001 Limited Cost Sharing Plan Variation	\$15	\$40	\$80	\$45	\$120	\$240
	\$0 when filled through an Indian Health Service Provider					
HMO Gold 005 Off Exchange	\$10 All Tier 1 generics bypass deductible	\$40 After deductible	\$70 After deductible	\$30 All Tier 1 generics bypass deductible	\$120 After deductible	\$210 After deductible
HMO Gold 005	\$10 All Tier 1 generics bypass deductible	\$40 After deductible	\$70 After deductible	\$30 All Tier 1 generics bypass deductible	\$120 After deductible	\$210 After deductible
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	\$10 All Tier 1 generics bypass deductible	\$40 After deductible	\$70 After deductible	\$30 All Tier 1 generics bypass deductible	\$120 After deductible	\$210 After deductible
	\$0 when filled through an Indian Health Service Provider					

HMO Gold 006 Off Exchange	\$15	\$40	\$80	\$45	\$120	\$240
HMO Gold 006	\$15	\$40	\$80	\$45	\$120	\$240
HMO Gold 006 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Gold 006 Limited Cost Sharing Plan Variation	\$15	\$40	\$80	\$45	\$120	\$240
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 007 Off Exchange	\$35 All Tier 1 generics bypass deductible	\$110 After deductible	\$120 After deductible	\$105 All Tier 1 generics bypass deductible	\$330 After deductible	\$360 After deductible
HMO Silver 007	\$35 All Tier 1 generics bypass deductible	\$110 After deductible	\$120 After deductible	\$105 All Tier 1 generics bypass deductible	\$330 After deductible	\$360 After deductible
HMO Silver 007 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Silver 007 Limited Cost Sharing Plan Variation	\$35 All Tier 1 generics bypass deductible	\$110 After deductible	\$120 After deductible	\$105 All Tier 1 generics bypass deductible	\$330 After deductible	\$360 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 007 94	\$5	\$20	\$40	\$15	\$60	\$120
HMO Silver 007 87	\$10	\$50	\$80	\$30	\$150	\$240
HMO Silver 007 73	\$30 All Tier 1 generics bypass deductible	\$105 After deductible	\$120 After deductible	\$90 All Tier 1 generics bypass deductible	\$315 After deductible	\$360 After deductible

HMO Bronze 008 High Deductible Health Plan Off Exchange	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
HMO Bronze 008 High Deductible Health Plan	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
HMO Bronze 008 Zero Cost Sharing Plan Variation	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
HMO Bronze 008 Limited Cost Sharing Plan Variation	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
HMO Silver 009 Off Exchange	\$15 All Tier 1 generics bypass deductible	\$70 After deductible	\$120 After deductible	\$45 All Tier 1 generics bypass deductible	\$210 After deductible	\$360 After deductible
HMO Silver 009	\$15 All Tier 1 generics bypass deductible	\$70 After deductible	\$120 After deductible	\$45 All Tier 1 generics bypass deductible	\$210 After deductible	\$360 After deductible
HMO Silver 009 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Silver 009 Limited Cost Sharing Plan Variation	\$15 All Tier 1 generics bypass deductible	\$70 After deductible	\$120 After deductible	\$45 All Tier 1 generics bypass deductible	\$210 After deductible	\$360 After deductible
\$0 when filled through an Indian Health Service Provider						
HMO Silver 009 94	\$5	\$20	\$40	\$15	\$60	\$120
HMO Silver 009 87	\$10	\$45	\$85	\$30	\$135	\$255
HMO Silver 009 73	\$10 All Tier 1 generics bypass deductible	\$50 After deductible	\$100 After deductible	\$30 All Tier 1 generics bypass deductible	\$150 After deductible	\$300 After deductible

### Individual Annual Prescription Deductible

Group	Individual Annual Prescription Deductible	Family Annual Prescription Deductible
HMO Silver 002 Off Exchange	\$450	\$900
HMO Silver 002	\$450	\$900
HMO Silver 002 Limited Cost Sharing Plan Variation	\$450	\$900
HMO Silver 002 73	\$400	\$800
HMO Silver 002 Off Exchange	\$450	\$900
HMO Silver 007 Off Exchange	\$450	\$900
HMO Silver 007	\$450	\$900
HMO Silver 007 Limited Cost Sharing Plan Variation	\$450	\$900
HMO Silver 007 73	\$400	\$900

**The annual Out-of-Pocket (OOP) Maximum is based on combined prescription and medical expense and is calculated per calendar year. Member's copay/coinsurance amount is \$0.00 for remainder of calendar year after the OOP maximum amount is met for the calendar year.**

Group	Individual OOP Amount	Family OOP Amount
HMO Bronze 003 Off Exchange	\$7,900.00	\$15,800.00
HMO Bronze 003	\$7,900.00	\$15,800.00
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0.00	\$0.00
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$7,900.00	\$15,800.00
HMO Silver 002 Off Exchange	\$7,900.00	\$15,800.00
HMO Silver 002	\$7,900.00	\$15,800.00
HMO Silver 002 Zero Cost Sharing Plan Variation	\$0.00	\$0.00
HMO Silver 002 Limited Cost Sharing Plan Variation	\$7,900.00	\$15,800.00
HMO Silver 002 94	\$2,500.00	\$5,000.00
HMO Silver 002 87	\$2,600.00	\$5,200.00
HMO Silver 002 73	\$6,300.00	\$12,600.00
HMO Silver 004 Off Exchange	\$7,900.00	\$15,800.00
HMO Silver 004	\$7,900.00	\$15,800.00
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0.00	\$0.00

HMO Silver 004 Limited Cost Sharing Plan Variation	\$7,900.00	\$15,800.00
HMO Silver 004 94	\$2,500.00	\$5,000.00
HMO Silver 004 87	\$2,600.00	\$5,200.00
HMO Silver 004 73	\$6,300.00	\$12,600.00
HMO Gold 001 Off Exchange	\$7,900.00	\$15,800.00
HMO Gold 001	\$7,900.00	\$15,800.00
HMO Gold 001 Zero Cost Sharing Plan Variation	\$0.00	\$0.00
HMO Gold 001 Limited Cost Sharing Plan Variation	\$7,900.00	\$15,800.00
HMO Gold 005 Off Exchange	\$6,000.00	\$12,000.00
HMO Gold 005	\$6,000.00	\$12,000.00
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0.00	\$0.00
HMO Gold 005 Limited Cost Sharing Plan Variation	\$6,000.00	\$12,000.00
HMO Gold 006 Off Exchange	\$7,900.00	\$15,800.00
HMO Gold 006	\$7,900.00	\$15,800.00
HMO Gold 006 Zero Cost Sharing Plan Variation	\$0.00	\$0.00
HMO Gold 006 Limited Cost Sharing Plan Variation	\$7,900.00	\$15,800.00
HMO Silver 007 Off Exchange	\$7,900.00	\$15,800.00
HMO Silver 007	\$7,900.00	\$15,800.00
HMO Silver 007 Zero Cost Sharing Plan Variation	\$0.00	\$0.00
HMO Silver 007 Limited Cost Sharing Plan Variation	\$7,900.00	\$15,800.00
HMO Silver 007 94	\$2,500.00	\$5,000.00
HMO Silver 007 87	\$2,600.00	\$5,200.00
HMO Silver 007 73	\$6,300.00	\$12,600.00
HMO Bronze 008 High Deductible Health Plan Off Exchange	\$6,750.00	\$13,500.00
HMO Bronze 008 High Deductible Health Plan	\$6,750.00	\$13,500.00
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0.00	\$0.00
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$6,750.00	\$13,500.00
HMO Silver 009 Off Exchange	\$7,000.00	\$14,000.00
HMO Silver 009	\$7,000.00	\$14,000.00
HMO Silver 009 Zero Cost Sharing Plan Variation	\$0 .00	\$0 .00
HMO Silver 009 Limited Cost Sharing Plan Variation	\$7,000.00	\$14,000.00
HMO Silver 009 94	\$2,500.00	\$5,000.00
HMO Silver 009 87	\$2,600.00	\$5,200.00
HMO Silver 009 73	\$6,000.00	\$12,000.00

## Penalty for Brand When Generic Available

Community Health Choice requires members to use generic medications when a generic is available. If a brand name drug is dispensed when a generic is available (multi-source brand), the member will pay the applicable copay plus the cost difference between the brand and generic, regardless if the doctor's prescription indicates the branded medication should be dispensed. This amount will not apply to the member's maximum out of pocket.

## Mail Order Service

The Mail Order Service allows you to receive up to a 90-day supply of maintenance medications. Not all maintenance medications are available via mail order service. This program is part of your pharmacy benefit and is **voluntary**.

### Mail Service In-Network Pharmacy 90 Days Supply

Group	Copay Amount		
	Tier 1 Generic and lower cost brand products	Tier 2 Preferred brand and higher cost generics	Tier 3 Non preferred brand (could include both brand and generic products)
HMO Bronze 003 Off Exchange	\$37.5 All Tier 1 generics bypass deductible	\$175 After deductible	\$300 After deductible
HMO Bronze 003	\$37.5 All Tier 1 generics bypass deductible	\$175 After deductible	\$300 After deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$37.5 All Tier 1 generics bypass deductible	\$175 After deductible	\$300 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 002 Off Exchange	\$87.50 All Tier 1 generics bypass deductible	\$275 After deductible	\$300 After deductible
HMO Silver 002	\$87.50 All Tier 1 generics bypass deductible	\$275 After deductible	\$300 After deductible
HMO Silver 002 Zero Cost Sharing Plan Variation	\$0	\$0	\$0



HMO Silver 002 Limited Cost Sharing Plan Variation	\$87.50 All Tier 1 generics bypass deductible	\$275 After deductible	\$300 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 002 94	\$12.50	\$50	\$100
HMO Silver 002 87	\$25	\$125	\$200
HMO Silver 002 73	\$75 All Tier 1 generics bypass deductible	\$262.50 After deductible	\$300 After deductible
HMO Silver 004 Off Exchange	\$25 All Tier 1 generics bypass deductible	\$150 After deductible	\$250 After deductible
HMO Silver 004	\$25 All Tier 1 generics bypass deductible	\$150 After deductible	\$250 After deductible
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	\$25 All Tier 1 generics bypass deductible	\$150 After deductible	\$250 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 004 94	\$12.50	\$50	\$100
HMO Silver 004 87	\$25	\$112.50	\$212.50
HMO Silver 004 73	\$25 All Tier 1 generics bypass deductible	\$125 After deductible	\$225 After deductible
HMO Gold 001 Off Exchange	\$37.50	\$100	\$200
HMO Gold 001	\$37.50	\$100	\$200
HMO Gold 001 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Gold 001 Limited Cost Sharing Plan Variation	\$37.50	\$100	\$200
	\$0 when filled through an Indian Health Service Provider		
HMO Gold 005 Off Exchange	\$25 All Tier 1 generics bypass deductible	\$100 After deductible	\$175 After deductible

HMO Gold 005	\$25 All Tier 1 generics bypass deductible	\$100 After deductible	\$175 After deductible
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	\$25 All Tier 1 generics bypass deductible	\$100 After deductible	\$175 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Gold 006 Off Exchange	\$37.50	\$100	\$200
HMO Gold 006	\$37.50	\$100	\$200
HMO Gold 006 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Gold 006 Limited Cost Sharing Plan Variation	\$37.50	\$100	\$200
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 007 Off Exchange	\$87.50 All Tier 1 generics bypass deductible	\$275 After deductible	\$300 After deductible
HMO Silver 007	\$87.50 All Tier 1 generics bypass deductible	\$275 After deductible	\$300 After deductible
HMO Silver 007 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Silver 007 Limited Cost Sharing Plan Variation	\$87.50 All Tier 1 generics bypass deductible	\$275 After deductible	\$300 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 007 94	\$12.50	\$50	\$100
HMO Silver 007 87	\$25	\$125	\$200
HMO Silver 007 73	\$75 All Tier 1 generics bypass deductible	\$262.50 After deductible	\$300 After deductible
HMO Bronze 008 High Deductible Health Plan Off Exchange	No charge after deductible	No charge after deductible	No charge after deductible
HMO Bronze 008 High Deductible Health Plan	No charge after deductible	No charge after deductible	No charge after deductible

HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	No charge after deductible	No charge after deductible	No charge after deductible
HMO Silver 009 Off Exchange	\$37.50 All Tier 1 generics bypass deductible	\$175 After deductible	\$300 After deductible
HMO Silver 009	\$37.50 All Tier 1 generics bypass deductible	\$175 After deductible	\$300 After deductible
HMO Silver 009 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Silver 009 Limited Cost Sharing Plan Variation	\$37.50 All Tier 1 generics bypass deductible	\$175 After deductible	\$300 After deductible
HMO Silver 009 94	\$12.50	\$50	\$100
HMO Silver 009 87	\$25	\$112.50	\$212.50
HMO Silver 009 73	\$25 All Tier 1 generics bypass deductible	\$125	\$250

## RxCENTS (Savings Enabled Tablet Splitting)

Through this program, members pay only one-half of their usual copayment on a select group of prescription drugs. This program is part of your pharmacy benefit and is **voluntary**.

## Specialty Pharmacy

Navitus SpecialtyRx helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is **mandatory**.

### Specialty In-Network Pharmacy 1-30 Days Supply

Group	Coinsurance Amount
HMO Bronze 003 Off Exchange	45% coinsurance after deductible
HMO Bronze 003	45% coinsurance after deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	45% coinsurance after deductible \$0 when filled through an Indian Health Service Provider
HMO Silver 002 Off Exchange	50% coinsurance after deductible
HMO Silver 002	50% coinsurance after deductible
HMO Silver 002 Zero Cost Sharing Plan Variation	\$0
HMO Silver 002 Limited Cost Sharing Plan Variation	50% coinsurance after deductible \$0 when filled through an Indian Health Service Provider
HMO Silver 002 94	20% coinsurance
HMO Silver 002 87	30% coinsurance
HMO Silver 002 73	50% coinsurance after deductible
HMO Silver 004 Off Exchange	45% coinsurance after deductible
HMO Silver 004	45% coinsurance after deductible
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	45% coinsurance after deductible \$0 when filled through an Indian Health Service Provider
HMO Silver 004 94	20% coinsurance
HMO Silver 004 87	30% coinsurance
HMO Silver 004 73	40% coinsurance after deductible
HMO Gold 001 Off Exchange	30% coinsurance
HMO Gold 001	30% coinsurance
HMO Gold 001 Zero Cost Sharing Plan Variation	\$0
HMO Gold 001 Limited Cost Sharing Plan Variation	30% coinsurance \$0 when filled through an Indian Health Service Provider
HMO Gold 005 Off Exchange	30% coinsurance after deductible
HMO Gold 005	30% coinsurance after deductible
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0

HMO Gold 005 Limited Cost Sharing Plan Variation	30% coinsurance after deductible \$0 when filled through an Indian Health Service Provider
HMO Gold 006 Off Exchange	30% coinsurance
HMO Gold 006	30% coinsurance
HMO Gold 006 Zero Cost Sharing Plan Variation	\$0
HMO Gold 006 Limited Cost Sharing Plan Variation	30% coinsurance \$0 when filled through an Indian Health Service Provider
HMO Silver 007 Off Exchange	50% coinsurance after deductible
HMO Silver 007	50% coinsurance after deductible
HMO Silver 007 Zero Cost Sharing Plan Variation	\$0
HMO Silver 007 Limited Cost Sharing Plan Variation	50% coinsurance after deductible \$0 when filled through an Indian Health Service Provider
HMO Silver 007 94	20% coinsurance
HMO Silver 007 87	30% coinsurance
HMO Silver 007 73	50% coinsurance after deductible
HMO Bronze 008 High Deductible Health Plan Off Exchange	\$0 after deductible
HMO Bronze 008 High Deductible Health Plan	\$0 after deductible
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$0 after deductible
HMO Silver 009 Off Exchange	45% coinsurance after deductible
HMO Silver 009	45% coinsurance after deductible
HMO Silver 009 Zero Cost Sharing Plan Variation	\$0
HMO Silver 009 Limited Cost Sharing Plan Variation	45% coinsurance after deductible \$0 when filled through an Indian Health Service Provider
HMO Silver 009 94	20% coinsurance
HMO Silver 009 87	30% coinsurance
HMO Silver 009 73	45% coinsurance after deductible