



<b>Prescription Drug Benefits</b>			
	<b>Express Scripts</b>		
	<b>Standard</b>		<b>CDHP-15/HSA</b>
	<b>Retail</b>	<b>Home Delivery</b>	<b>Retail and Home Delivery</b>
<b>Annual Prescription Deductible (in-network)</b>	None	None	\$1,600 per person \$3,200 per family (combined with medical deductible) (non-embedded deductible)
<b>Tier 1: Generic</b>	Up to a \$10 copay	Up to a \$25 copay	You pay 15% after deductible
<b>Tier 2: Preferred Brand Name</b>	Up to a \$40 copay	Up to a \$100 copay	You pay 25% after deductible
<b>Tier 3: Non-Preferred Brand Name</b>	Up to a \$80 copay	Up to a \$200 copay	You pay 50% after deductible
<b>Tier 4: Specialty Rx</b>	40%; up to \$100 min / \$200 max	40%; up to \$250 min / \$500 max	You pay 50% after deductible
<b>Dispensing Limits Per Copayment</b>	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply (retail) or 90-day supply (mail order)



Prescription Drug Benefits			
Kaiser Health Plans			
	EPO High and EPO 80		CDHP-20/HSA
	Retail	Home Delivery	Retail and Home Delivery
<b>Annual Prescription Deductible (in-network)</b>	None	None	\$3,200 per person \$5,450 per family (combined with medical deductible)
<b>Tier 1: Generic</b>	Up to a \$10 copay	Up to a \$10 copay for a 30-day supply or \$20 for up to a 90-day supply*	You pay 15% after deductible
<b>Tier 2: Preferred Brand Name</b>	Up to a \$25 copay	Up to a \$25 copay for a 30-day supply or \$50 for up to a 90-day supply*	You pay 25% after deductible
<b>Tier 3: Non-Preferred Brand Name</b>	Not Applicable	Not Applicable	You pay 50% after deductible
<b>Tier 4: Specialty Rx</b>	Up to a \$90 copay	Up to a \$90 copay for a 30-day supply	You pay 50% after deductible
<b>Dispensing Limits Per Copayment</b>	Up to a 30-day supply	Up to a 90-day supply*	Up to a 30-day supply (retail) or 90-day supply* (mail order)

\* California residents may receive up to a 100-day supply when using home delivery.