

2026 Medical Trust RX Plans	Anthem BCBS BlueCard PPO 100/90/80/70		Anthem BCBS CDHP 15/HAS		Cigna OAP PPO 100/90/80/70		CDHP 15/HAS	
Prescription Drug Benefits	Retail	Home Delivery	Retail	Home Delivery	Retail	Home Delivery	Retail	Home Delivery
Annual Prescription Deductible (in-network)	None	None	\$1,700 per person \$3,400 per family (combined with medical deductible) (non-embedded deductible)	\$1,700 per person \$3,400 per family (combined with medical deductible) (non-embedded deductible)	None	None	\$1,700 per person \$3,400 per family (combined with medical deductible) (non-embedded deductible)	\$1,700 per person \$3,400 per family (combined with medical deductible) (non-embedded deductible)
Tier 1: Generic	Up to a \$10 copay	Up to a \$25 copay	You pay 15% after deductible	You pay 15% after deductible	Up to a \$10 copay	Up to a \$25 copay	You pay 15% after deductible	You pay 15% after deductible
Tier 2: Preferred Brand Name	25%; up to \$40 min / \$80 max	25%; up to \$100 min / \$200 max	You pay 25% after deductible	You pay 25% after deductible	25%; up to \$40 min / \$80 max	25%; up to \$100 min / \$200 max	You pay 25% after deductible	You pay 25% after deductible
Tier 3: Non-Preferred Brand Name	40%; up to \$80 min / \$160 max	40%; up to \$200 min / \$400 max	You pay 50% after deductible	You pay 50% after deductible	40%; up to \$80 min / \$160 max	40%; up to \$200 min / \$400 max	You pay 50% after deductible	You pay 50% after deductible
Tier 4: Specialty Rx	40%; up to \$100 min / \$200 max	40%; up to \$250 min / \$500 max	You pay 50% after deductible	You pay 50% after deductible	40%; up to \$100 min / \$200 max	40%; up to \$250 min / \$500 max	You pay 50% after deductible	You pay 50% after deductible
Dispensing Limits Per Copayment	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)	Up to a 30-day supply (retail) or 90-day supply (mail order)	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)	Up to a 30-day supply (retail) or 90-day supply (mail order)

	Kaiser EPO High		Kaiser EPO 80		Kaiser CDHP 20/HAS	
Prescription Drug Benefits	Retail	Home Delivery	Retail	Home Delivery	Retail	Home Delivery
Annual Prescription Deductible (in-network)	None	None	None	None	\$3,300 per person \$6,600 per family (combined with medical deductible)	\$3,300 per person \$6,600 per family (combined with medical deductible)
Tier 1: Generic	Up to a \$5 copay	Up to a \$10 copay for a 30-day supply or \$20 for up to a 90-day supply	Up to a \$5 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	You pay 15% after deductible
Tier 2: Preferred Brand Name	Up to a \$30 copay	Up to a \$30 copay for a 30-day supply or \$60 for up to a 90-day supply	Up to a \$30 copay	Up to a \$30 copay for a 30-day supply or \$60 for up to a 90-day supply	You pay 25% after deductible	You pay 25% after deductible
Tier 3: Non-Preferred Brand Name	Up to a \$70 copay	Up to a \$70 copay for a 30-day supply or \$140 for up to a 90-day supply	Up to a \$70 copay	Up to a \$70 copay for a 30-day supply or \$140 for up to a 90-day supply	You pay 50% after deductible	You pay 50% after deductible
Tier 4: Specialty Rx	Up to a \$90 copay	Up to a \$90 copay for a 30-day supply	Up to a \$90 copay	Up to a \$90 copay for a 30-day supply	You pay 50% after deductible	You pay 50% after deductible
Dispensing Limits Per Copayment	Up to a 30-day supply	Up to a 90-day supply	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)	Up to a 30-day supply (retail) or 90-day supply (mail order)