

SCHEDULE OF PRESCRIPTION DRUG BENEFITS – I
Class 00418019 00A5 00B6, 00418020 A027 B028

Co-Pay Option: \$1/\$15/\$30

	Pharmacy	Mail Order	Limitations and Explanations
Tier 1 Drug Co-pay	\$1	\$3	
Tier 2 Drug Co-pay	\$15	\$45	
Tier 3 Drug Co-pay	\$30	\$90	
Maximum Supply	30 Days	90 Days	